



1995

The Inner Experiences of Novice Counselors and Their Relationship to the Counselors' Affective and Cognitive Style and the Client's Presenting Problem

Constance M. Martin
Loyola University Chicago

Follow this and additional works at: https://ecommons.luc.edu/luc_diss



Recommended Citation

Martin, Constance M., "The Inner Experiences of Novice Counselors and Their Relationship to the Counselors' Affective and Cognitive Style and the Client's Presenting Problem" (1995). *Dissertations*. 3514.

https://ecommons.luc.edu/luc_diss/3514

This Dissertation is brought to you for free and open access by the Theses and Dissertations at Loyola eCommons. It has been accepted for inclusion in Dissertations by an authorized administrator of Loyola eCommons. For more information, please contact ecommons@luc.edu.



This work is licensed under a [Creative Commons Attribution-Noncommercial-No Derivative Works 3.0 License](https://creativecommons.org/licenses/by-nc-nd/3.0/).
Copyright © 1995 Constance M. Martin

LOYOLA UNIVERSITY CHICAGO

THE INNER EXPERIENCES OF NOVICE COUNSELORS
AND THEIR RELATIONSHIP TO THE COUNSELORS'
AFFECTIVE AND COGNITIVE STYLE AND THE
CLIENT'S PRESENTING PROBLEM

A DISSERTATION SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY
DEPARTMENT OF COUNSELING PSYCHOLOGY

BY

CONSTANCE M. MARTIN

CHICAGO, ILLINOIS

JANUARY 1995

Copyright by Constance M. Martin, 1995
All rights reserved

ACKNOWLEDGEMENTS

I sincerely thank Dr. Marilyn Susman, my chairperson of my dissertation, who was consistently encouraging and positive in my development as a psychologist and researcher. I sincerely thank Dr. Martha E. Wynne who challenged me to think through my ideas thoroughly and to believe in them. Both women provided invaluable support, guidance, and mentoring throughout my graduate school experience. I also appreciate the feedback and input from Dr. Manuel Silverman, my advisor, who taught me the importance of getting to know people.

I am grateful to Ms. Jill Birringer for her long distance assistance in managing the coding of the data and formula calculations. I would also like to thank several members of the Process Research Team including Lisa Olshefsky, Karen Cox, Michael Gaubatz, Melissa Joshel, Lisa Fulton, Eric Johnson, Jonathan Pochyly, Amy Farabaugh, and June Parks for their hard work in coding the data. I would also like to thank Pam Rezek for the use of her coding instrument and invaluable training of the coders. I would also like to express my appreciation to Ed Del Gado and Amy Heesacker for their work in categorizing problem types.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	iii
LIST OF TABLES	vii
Chapter	
I. INTRODUCTION	1
II. REVIEW OF THE LITERATURE	8
Counselors' Intentions and Inner Experiences	9
Counselors' Cognitive and Affective Dimensions	24
Conceptual Level	24
Affect Intensity	29
Empathy	32
Maintenance of Emotional Separation	38
Client's Presenting Problem and Counselors' Reactions	39
Overview and Research Aims of the Study	41
III. METHODOLOGY	43
Subjects	43
Measures	45
Paragraph Completion Method	45
Affect Intensity Measure	46
Interpersonal Reactivity Index	49
Maintenance of Emotional Separation Scale	56
Demographic Questionnaire	58
The Novice Therapist Pre-Intentional Coding Scale	59
Procedure	60
Videotaped Role Plays	60
Recall Procedure	61
Instrument Administration	61
Coding of Transcripts	62
Unitization of Transcripts	62
Training in the use of the Novice Therapist Pre-Intentional Coding Scale	63
Coding of inner experiences	66
Coding of "Client's" Presenting Problem	67
Design and Analyses	68

IV.	RESULTS	70
	Preliminary Analyses	70
	Inner Experiences Used by the Novice Counselors	71
	Inner Experiences and Affect Intensity . .	73
	Inner Experiences and Conceptual Level . .	73
	Inner Experiences and Maintenance of Emotional Separation	76
	Inner Experiences and Cognitive and Affective Empathy	78
	Inner Experiences and the Client's Presenting Problem	83

V.	DISCUSSION	85
	Inner Experiences	85
	Inner Experiences and Conceptual Level . .	91
	Inner Experiences and Affective Variables	94
	Affect Intensity	94
	Maintenance of Emotional Separation .	96
	Empathic Concern	98
	Personal Distress	102
	Perspective Taking	103
	Fantasy Scale	104
	Summary of the Relationships Among Inner Experiences and Affective and Cognitive Dimensions	105
	Inner Experiences and Client's Presenting Problem	107
	Limitations of the Study	108
	Recommendations for Future Research . .	111

Appendix

A.	DESCRIPTION OF STUDY	113
B.	PARAGRAPH COMPLETION METHOD	116
C.	INTERPERSONAL REACTIVITY INDEX	123
D.	MAINTENANCE OF EMOTIONAL SEPARATION SCALE	129
E.	DEMOGRAPHICS QUESTIONNAIRE	132
F.	NOVICE THERAPIST PRE-INTENTIONAL CODING SCALE . .	134
G.	DESCRIPTION OF PROBLEM TYPE AS GIVEN TO "CLIENT" .	153
H.	INSTRUCTIONS FOR VIDEOTAPE RECALL PROCEDURE . . .	155

I.	VOLUNTARY CONSENT FORM	157
J.	EXAMPLE UNITS	159
K.	PROBLEM TYPE RULES	165
L.	COPIES OF WRITTEN CONSENT TO USE AND REPLICATE INSTRUMENTS	168
	REFERENCES	172
	VITA	185

LIST OF TABLES

Table		Page
1.	Overall Mean Percentages of Therapists' Inner Experiences	72
2.	Function Loadings on the First Function of Discriminant Analysis - Conceptual Level (CL)	75
3.	Classification Results of Discriminant Analysis - Conceptual Level	75
4.	Function Loadings of the First Function of Discriminant Analysis - Maintenance of Emotional Separation (MES)	77
5.	Classification Results of Discriminant Analysis - Maintenance of Emotional Separation (MES)	77
6.	Function Loadings on the First Function of Discriminant Analysis - Empathic Concern	80
7.	Classification Results of Discriminant Analysis - Empathic Concern (EC)	80
8.	Function Loadings on the First Function of Discriminant Analysis - Personal Distress	82
9.	Classification Results of Discriminant Analysis - Personal Distress (PD)	82
10.	Therapist Inner Experiences on Intrapersonal and Interpersonal Problems	84
11.	Inner Experiences that Effectively Discriminated Among Groups On Selected Affective and Cognitive Variables	93

CHAPTER I

INTRODUCTION

Process research examines what happens in psychotherapy sessions by focusing on therapist behaviors and characteristics, client behaviors and characteristics, and the interactions between the clients and the therapists. Within this domain, several researchers have begun to examine the internal experiences of counselor and therapists as they work with their clients (Hill and O'Grady, 1985; Martin, Slemon, Hiebert, Hallberg & Cummings, 1989). Kivlighan and Angelone (1991) concluded that the intentions of beginning and more experienced counselors do not vary, however several studies have indicated that the inner experiences of novice counselors are unique to their level of training and development (Borders, Fong-Beyette, and Cron, 1988; Cummings, Hallberg, Martin, Slemon, and Hiebert, 1990; Susman et al., 1992). The inner experiences of beginning counselors are characterized by simplistic conceptualizations (Cummings et al., 1990), messages of self-doubt and performance uncertainty (Borders et al., 1988), and a heightened sense of self-awareness (Susman, et al., 1992). In summary, these studies indicate that the inner experiences of novice counselors differ from those counselors with more advanced training. One of the purposes

of this study is to further explore the inner experiences of novice counselors to corroborate and possibly expand upon current knowledge in this area. A second purpose of this study is to explore the links between the inner experiences of novice counselors and other variables including client's presenting problem, the counselor's emotional tendencies and the counselor's conceptual level. The goal of this exploratory process is to provide an understanding of the relationships among these variables in novice counselors.

Several studies have indicated that the therapist's reaction to the client may vary according to the client's affective presentation (Bandura, Lipsher, and Miller, 1960; Haccoun and Lavigueur, 1979; Russell and Snyder, 1963) and the client's presenting problem (Cummings, 1989; Strohmer, Biggs, Haase, and Keller, 1983). The more experienced therapists tended to tolerate the client's angry feelings with greater ease (Haccoun & Lavigueur, 1979) while student counselors showed greater anxiety in interviews with hostile clients than in interviews with friendly clients (Russell & Snyder, 1963). In terms of client's presenting problem counselors in training varied the number of questions they used in forming a hypothesis according to different combinations of general (disability status) and specific observations (positive, negative, or inconsistent personality test results) of the client (Strohmer et al., 1983). Cummings (1989) found that novice counselors

response modes vary according to the type of problem presented by the client. The novice counselors used more reflective statements when working with interpersonal problems and more information giving statements when working with intrapersonal problems. These results underscore the necessity of exploring the interaction between the client's presentation and the counselor's reaction. One of the purposes of this study is to explore the relationship between the inner experiences of the novice counselor and the type of presenting problem.

In a review of the supervision and training research Holloway (1992) highlights the paucity of research that has examined the relationship between counselor experience level and other personality factors. Furthermore, Reising and Daniels (1983) have suggested the study of trainee typologies that are based on enduring personal characteristics or cultural background in relation to counselor developmental tendencies may be fruitful. One area of personality that has been investigated includes the cognitive characteristics of counselors in training. Conceptual level defined as a "personality characteristic that describes persons on a developmental hierarchy of increasing conceptual complexity, self-responsibility, and independence" represents one counselor cognitive characteristic that has have been linked to differences in counselor performance. More specifically, higher levels of

conceptual level demonstrated by counselors in training have been linked to types of verbal responses (Goldberg, 1974), quality and clarity of clinical judgements (Holloway & Wolleat, 1980), and higher empathy ratings (Alcorn & Torney, 1982; Heck & Davis, 1973). The results of these studies indicate that the counselor's overt behaviors including verbal responses and clinical judgements vary according to conceptual level. The underlying inner experiences or thinking processes that result in verbal responses and clinical judgements may be linked to conceptual level, as well, and further explication of this relationship may provide useful clinical training information.

A second area of the counselor's personal characteristics that has received minimal attention in the literature includes emotional style or tendencies. Some studies have indicated that the therapist's emotional well-being is linked to improvement in depression and defensiveness among their patients (Bergin, 1966; Lambert & Bergin, 1983; Parloff, Waskow, & Wolfe, 1978). Bandura et al., (1960) concluded that therapists who expressed their own hostility in direct forms were more likely to allow anger in the session and to prod their clients to express their hostility. These studies suggest that there is a relationship between the counselor's emotional style and their behavior in the session with the clients.

In a related area of study, Larsen, Diener, and

Cropanzano (1987) examined the relationship between emotional responsiveness tendencies and cognitive operations. The authors concluded that the subjects who tend to experience their emotions more strongly and tend to be more reactive and volatile in their emotional reactions displayed certain cognitive operations in reaction to positive and negative affect stimuli. These cognitive operations included personalization, overgeneralization, and selective abstraction. These results suggest that a relationship between emotional responses and cognitive operations is evident although it remains unclear how this connection is established. Flett, Boase, McAndrews, Blankstein, and Pliner (1986) found a significant relationship between one's emotional tendencies and self-consciousness or self-based internal dialogue.

Extrapolating from this research to counseling process it is suggested that a relationship exists between the counselor's typical emotional response style and their cognitive operations including internal dialogue and conceptual level.

A third type of personality characteristic includes empathy which is broadly defined as the reactions of one individual to the observed experiences of another. Beginning counselors have been characterized by their extreme self-focus, limited ability to relax in the session, difficulty attending to client's viewpoint, and low tolerance for ambiguity in the counseling relationship

(Friedlander, Dye, Costello, & Kobos, 1984; Stoltenberg & Delworth, 1987). Initial studies that have explored the inner experiences of novice counselors seem to confirm these theoretical descriptions (Borders, 1989; Borders et al., 1988; Susman et al., 1992). In particular, the novice counselors' self-focus and difficulty attending to the client's viewpoint may impede the development of empathy and advanced empathy skills within the counseling realm. Using empathy in the therapeutic relationship is a two-step process in which the counselor is first required to "accurately sense the client's world" (p.14; Hackney & Cormier, 1991) and then verbally share this understanding with the client. Novice counselors begin their training with varying levels of empathic abilities which may impact their developmental process. A closer examination of the empathic tendencies that a counselor brings to training and the relationship to their inner experiences may be useful in counseling training and instruction.

In summary, the evidence from the literature suggests that the inner experiences of beginning counselors are qualitatively different than counselors with more advanced training. In addition, beginning counselors, as a group, appear to display a wide range of inner experiences. The first aim of this study is to further describe the inner experiences of counselors in training. The second aim of this study is to explore the relationship between the inner

experiences of beginning counselors and selected cognitive and affective variables to provide a richer and more descriptive picture of counselor trainees than has been outlined in the literature. The third purpose of this study is to explore the relationship between type of client problem and counselor inner experiences.

CHAPTER II

REVIEW OF THE LITERATURE

The goals of process research include describing the events in a counseling session and treatment process, exploring client's within-session behavior and linking process to outcome to determine how client change comes about (Hill, 1982). The focus of this research will be on the events in the counseling session, particularly the novice counselor's inner experiences as they work with a client in a training-type interview. Supervisory and training research has examined various trainee variables and their relationship to performance in training including experience level and cognitive characteristics. Holloway (1992) has suggested that future studies that include more complex trainee variables and their interactions may effect supervisory techniques and models. A second goal of this research is a descriptive examination of the relationship between trainee characteristics and the novice counselor's inner experiences. A final goal of this study is an exploration of the interplay between the novice counselor's inner experiences and the type of presenting problem. The scope of this literature review will be a critical examination of counselors' intentions and inner experiences,

selected cognitive and affective dimensions of the counselor, and the relationship between client's presenting problem and the counselor's performance.

Counselors' Intentions and Inner Experiences

In an attempt to describe the therapeutic process in a more intricate and rich way, research has begun to focus on the therapists' intentions from their point of view. Intentions refer to the "why?" component of the therapist actions and represents a step closer to describing how therapists think about their subjective experience in sessions. Hill and O'Grady (1985) developed a list of therapist intentions which minimally overlap and are applicable to all processes regardless of theoretical orientation. Using a case-study approach Hill and O'Grady (1985) examined therapist intentions used in a 20-session time-limited therapy. By reviewing transcripts of each session, the therapist categorized intentions by utilizing the list of pre-determined intentions. To judge the intentions, the counselor reviewed the tape within 24 hours of the session to maximize recall of intentions. The therapist was instructed to stop the tape after each therapist turn and indicate as many intentions that applied using the intention list. The intentions included in this list are: 1) set limits, 2) get information, 3) give information, 4) support, 5) focus, 6) clarify, 7) hope, 8) cathart, 9) cognitions, 10) behaviors, 11) self-control, 12)

feelings, 13) insight, 14) change, 15) reinforce change 16) resistance, 17) challenge, 18) relationship, and 19) therapist needs. The counselor was asked to remember as much as possible concerning that particular intervention and the counselor was encouraged to be as honest as possible in reporting thoughts. The counselor was told to choose the intention category that best matched their thoughts at the time of the intervention. Across the 20 session treatment, the therapist lessened the use of setting limits, getting information, supporting, clarifying, instilling hope, and encouraging cathartic processes and increased the use of encouraging insight and change and reinforcing change. This case study indicates that the counselor's interactions with the client change across time.

In a second study, Hill and O'Grady (1985) compared the intentions of experienced therapists representing different theoretical backgrounds. The therapists rated their intentions of an audiotaped middle session (not introductory or termination) with a neurotic client using the intention list and procedure as described above. Clarification, encouraging insight, exploring feelings, getting information, promoting change, being supportive and helping the client to focus on relevant material were the most commonly used intentions (67%) by this group of experienced therapists. In a related study, Fuller and Hill (1985) examined the intentions used by four experienced counselors

in their work with volunteer clients for a single session. The therapists identified getting information (13%), clarification (13%), focusing on feelings (10%), encouraging insight (10%) and giving support (8%) as the most frequently used intentions. Elliott, Barker, Caskey, and Pistrang (1982) explored the intentions used by 16 counselors who were part of an ongoing counselor relationship. After conducting a regular session with the client, each counselor listened to three 5-10 minute segments of the session and were asked to describe "what were you trying to do in saying that?" after each counselor response. These free-response answers were coded by trained raters into several intention categories including advisement, interpretation, questions, reassurances, reflections, and counselor self-disclosures. In this study the most commonly used intentions included advisement, interpretation, and questions.

In the study conducted by Hill and O'Grady (1985), although only 10% of the participants allied themselves with one theoretical orientation (most of the therapists preferred to ally with two or three methods equally) an attempt was made to explore the relationship between orientation and intention use. Using univariate correlations, the authors concluded that psychoanalytically-oriented therapists were more likely to explore feelings and encourage insight, behaviorally-oriented therapists were more likely to encourage change, set limits, and reinforce

changes, and humanistic-oriented therapists were more likely to be concerned with alleviating their own anxiety in the counseling session. The results of this analysis suggests that therapist intentions may partially vary according to theoretical orientation. However the inability of most therapists in this study to choose a distinct orientation suggests that these differences may be related to the therapist's unique style, rather than theoretical orientation. Categorizing intents according to traditional theoretical orientations may decrease the richness of the data concerning therapist intentions.

In a related study Kivlighan (1989) assessed the changes in counselor trainee's intentions as a result of training in interpersonal-dynamic counseling methods. Counselors who received training (a semester long course in counseling methods) increased their use of explore intentions (cognition, behaviors, feelings) and decreased their use of assessment intentions (get information, focus, clarify) in the posttest interview compared to those counselors who received no training. These results suggest that the training contributed to the counselor's shift in their formulation of the client and their actual approach to the client. None the less, it is unclear how these changes develop or how these changes are manifested in the counselor's internal experience.

In a later study, Kivlighan and Angelone (1991)

examined the relationship between novice counselor intention use, helpee introversion, and helpee-rated session impact. The novice counselors were 36 counseling students in a Masters of Education degree program who were enrolled in a prepracticum counseling skills course. The helpee sample consisted of 36 undergraduate students who presented with concerns including: conflicts with roommates or parents, loneliness, difficulties with assertiveness, and depressed mood. Prior to their work with the helpees, the novice counselors were given specific training concerning the Intentions List (Hill & O'Grady, 1985) including the meaning of each category and practice using the categories to promote consistent use of the instrument. Following each 50-minute interview (there were a total of four), the counselor reviewed the videotape and categorized their intentions using the Intention List for each counselor response. The most commonly used intentions by the novice counselors included exploring feelings (16%), getting and giving information (both at 12%), clarification (11%) and encouraging insight (11%). Kivlighan and Angelone (1991) compared the frequency of intention use from the novice counselors in this sample with the frequencies in the Hill and O'Grady (1985) sample and found that there was no difference in intention use for the novice counselors in this study and the sample of more experienced therapists. Another explanation for this finding could be that the

training the novice counselors received regarding their use of the Intentions List "overprepared" them in a way thereby limiting their use of the Intentions List. Furthermore the Intentions List itself may be limited in its ability to capture the full range of inner experiences of novice counselors. Using recall methods that are less restrictive in nature has revealed that counselor trainees describe inner experiences that are not included in intention lists (Borders et al., 1988; Cummings et al., 1990; Martin et al., 1989; Morran, Kurpius, & Brack, 1989; Susman et al., 1992).

Martin et al., (1989) developed a system called the conceptual mapping task (CMT) to assess the counselor's conceptualization process as it relates to the general counseling process and specific client concerns. This projective instrument requires the counselor to make free associations in response to questions concerning the change process in counseling and the most salient issues that need to be considered in exploring the client's problem. Next the counselor arranges these thoughts into a network which represents their cognitive schema when working with clients. A total of 23 counselors including 11 experienced counselors and 12 novice counselors participated in the study. All data were collected immediately after the second, fourth, and sixth counseling sessions for each of two clients for each participating counselor. Each session lasted about 45 to 55 minutes and occurred on a weekly basis. Each

counselor was administered the CMT in two parts; the first set of responses reflected conceptualizations about the general counseling process and the second set of responses reflected the conceptualizations regarding the specific problems of the individual clients with whom they just met. Quantitative measures derived from the CMT's were: (a) conceptual integration; (b) number of concepts; (c) proportion of affective concepts; (d) personal involvement; e) number of clusters; and f) number of nonoverlapping clusters. The interpretable results of this study were limited to the CMT measure of extent or the number of concepts considered by participating counselors when conceptualizing the general counseling process or the problems of a specific client. The results indicated that the novice and experienced therapists used approximately the same number of concepts to describe their general counseling conceptualizations. However the novice counselors increased their number of concepts when describing a specific client while the experienced counselors decreased their use of concepts. The authors suggested that the experienced counselors are more apt at conceptualizing specific client problems in relation to their conceptual structures for counseling in general. In contrast, novice counselors tended to use more additional, client-specific concepts to understand their client. The authors suggest that the more experienced counselor has established a conceptual structure

for counseling that they are able to access in an efficient and practical manner as they work with new individual clients. In contrast, novice counselors have not developed this conceptual structure for counseling, hence they are more likely to add unique concepts to conceptualize the client. This finding suggests that the underlying in-session thinking processes of experienced and novice counselors may vary. A closer look at these thinking processes may provide important information about the developmental progress of counselors and the eventual formation of a conceptual structure for counseling.

In a later study, Cummings et al., (1990) performed an in-depth content analysis of the conceptualizations of two novice and two experienced counselors about change in counseling and about specific client problems. The results indicated that the experienced counselors had greater consistency in the concepts they employed than did the novice counselors. This pattern was more consistent with the general questions about change than it was with specific questions concerning individual client problems. In addition, it was found that the experienced counselors used a greater number of interactional concepts in their conceptualizations that included family background and other relationships. Finally, the experienced counselors tended to use more concepts that linked material presented by the client or outlined core patterns than did the novice

counselors. The experienced counselors did not use procedural knowledge of specific counseling skills in their conceptualizations. One of the novice counselors used several procedural concepts while the other novice counselor used none, hence no definite conclusions can be drawn. These results indicate that novice counselors conceptualize and think differently about their clients than experienced counselors and merits further investigation.

Borders et al., (1988) explored the full range of a counseling student's in-session cognition. While watching a videotaped session the counselor was instructed to "think aloud" to describe any thoughts or feelings they had while they were counseling, even those she considered unimportant. These responses were coded using the Counselor Retrospection Coding System (Dole et al., 1982) that encompasses six dimensions including: time, place, focus, locus, orientation, and mode. In this session, the counselor focused more frequently on events and feelings in the present time (56%) than those of the past (18%) or future (26%). The counselor focused on in-session (55%) events and feelings and out-of-session (45%) events, persons and circumstances on a fairly equivalent basis. The counselor focused more often on herself (48%) or the client (31%) than she focused on the client-counselor dyad (12%) or supervisor (3%). Additionally, the client focused on "other" (7%) factors in the session. The majority of the counselor's

self-focused retrospections were negative in nature and indicated self-doubt about her abilities. Most of the counselor's retrospections had an internal (76%) locus which focused on self-doubts or her own positive and negative feelings. The externally-focused statements tended to concern her performance, as well. Most of her retrospections were professional (70%) in nature in contrast to personal (30%) concerns. The counselor used both cognitive (47%) and affective (53%) terms in her retrospective statements. Cognitive retrospections included reasoning and observational statements and planning statements. The affective retrospections were more negative than positive focusing on feelings of dissatisfaction, impatience, doubt confusion or anger about herself or the client. Feelings of satisfaction, approval, or comfort were less evident in the retrospections. The authors concluded that the thoughts and feelings reported by the counselor in the more open-ended, unstructured recall session were rarely intentional in nature. In addition, the counselor did not employ internal dialogue to structure the session or help cope with her doubts about her performance. Rather, the counselor's retrospections focused on self-doubts about her choices and performance level. The open-ended response format used in this study generated a more complex account of the beginning therapist's thinking process that is difficult to capture with intention lists or other similar

measures. The results of this study suggest that counselors in training have a wide range of thoughts and feelings that are not necessarily intentional or self-instructive in nature.

In a later study, Borders (1989) concluded that the relationship between the counselor's ego level and types of retrospections was not significant in first-practicum students. However students at higher ego levels reported significantly fewer negative thoughts about their clients or themselves. In addition, their thoughts during the session tended to be more objective and neutral. These results suggest that ego level of the trainee may mediate the quantity of negative thoughts and cognition generated by a practicum student. The various dimensions of the student's cognitive and affective state and the relationship between these factors is beginning to be outlined, but is in need of further clarification.

Morran et al., (1989) conducted a similar study in which they asked counselors with a range of experience to list their thoughts while viewing a videotaped session they had conducted. These thoughts were categorized into 14 descriptive areas including behavioral observations, client-focused questions, summarizations, associations, inferences or hypotheses, relationship assessment, self-instruction, anxiety or self-doubt, corrective self-feedback, positive self-feedback, reaction to client, self-questions, external,

and self-monitoring. In this study 61% of all thoughts were encompassed under four categories including client-focused questions (14.8%), summarizations (13.6%), inferences for hypotheses (17.8%) and self-instructions (14.4%). In contrast to these thoughts, beginning counselors tend to have greater thoughts of self-doubt and performance uncertainty (Borders et al., 1988). Further exploration of trainees' thought processes and affective processes may shed further light on their developmental progression.

Susman et al., (1992) used an unstructured, open-ended format of free recall to access the inner experiences of expert and novice counselors. These retrospections were coded using the Intentions List (Hill & O'Grady, 1985) and a supplementary coding schema developed by the authors. It was found that 74% of the expert therapists' retrospections concerning their responses could be classified using the Intentions list. In contrast, only 10% of the novice counselors' retrospections could be classified using the Intentions List. Instead the inner experiences of the novice counselors encompassed self-awareness (25%), self-evaluation (14%) and evaluation of the therapeutic situation (13%). The results of these studies suggest that the inner experiences of counselors in training vary greatly from more experienced counselors. In addition, the inner experiences of beginning counselors' have been found to vary according to ego level (Borders, 1989) suggesting that counselors at

the same training level may exhibit different thought processes. Further definition of the kind and range of novice counselors' inner experiences may enhance the training of therapists. Some research has examined the helpfulness of teaching counselor trainees internal dialogue techniques to use in their work with clients.

Kurpius, Benjamin and Morran (1985) compared three training conditions and a placebo control on dependent measures of trainee internal dialogue and quality of clinical hypothesis formulation. The three training conditions consisted of a cognitive self-instruction strategy condition, a clinical hypothesis knowledge condition, and a condition that combined cognitive self-instruction and clinical hypothesis knowledge. In each of these conditions the counselors were trained to think about their client in a certain way. In the self-instruction condition, the counselor receives modeling on how to conduct a session including asking questions, giving oneself positive reinforcement, and coping with difficulties. In the clinical hypothesis knowledge condition the counselor receives modeling on the elements of good hypothesis formation including what information to seek out in the session. The authors concluded that the trainees who learned cognitive self-instruction strategies had significantly more productive thoughts and formulated better clinical hypotheses than the other experimental groups or

the control group.

Morran (1986) examined the relationship between counselor self-talk and hypothesis formulation to performance level across a range of skill levels. Task facilitative self-talk includes counselor thoughts that focus on understanding the client and guiding their own behaviors in productive directions, while task distractive self-talk includes counselor thoughts that focus on the self and feelings of inadequacy and uncertainty. A self-report measure of internal dialogue was used to assess levels of task facilitative and task distractive counselor self-talk. 40 counselors participated in the study who had a range of professional experience including novices enrolled in graduate-level counseling laboratory classes to counselors with more extensive experience. Four female students were recruited to act as the client in a session in which they were instructed to present an actual concern in the general area of personal growth to the counselor. Following this session the counselors filled out the Task Facilitative and Task Distractive Self-Talk scales. No evidence was found to support the hypothesis that task facilitative or task distractive scores were associated with performance level. However an examination of the intercorrelations between counselor experience and task distractive scores reveals a significant, negative relationship ($r = -.37, p < .05$). This finding suggests that counselors with less experience may

have more Task Distractive thoughts than more experienced counselors that may effect the novice counselor's performance level. In this study, fewer task-distractive thoughts was associated with higher quality clinical hypotheses, thus it seems the content of novice counselors' inner experiences is an important piece of knowledge in terms of creating effective training programs. Fuqua, Newman, Anderson, and Johnson (1986) investigated the relationship between task-distractive and facilitative dimensions of the trainee's internal dialogue to their performance level, personality dimensions, and state/trait anxiety. The trainees conducted 20-minute videotaped counseling situations with coached clients. In this study, the task-distractive scale was significantly correlated with the trainee's negative self-ratings of performance. This finding suggests that counselors who experience more distractive internal dialogue rate their performance as less effective. At the same time, it was found that those who engage in more task-facilitative dialogue tended to rate their performance as less effective, as well. It is unclear why task-facilitative dialogue effects performance ratings negatively, however these results provide further support for further investigation of trainees' internal dialogue and inner experiences.

The results of these studies (Fuqua et al., 1986, Hill & O'Grady, 1985; Kivlighan, 1989; Kurpius et al., 1985;

Morran, 1986) suggest that the cognitive processes including counselor internal dialogue and counselor intentions are related to how the counselor conceptualizes the client and their performance in the session. Furthermore, this type of research has generated basic cognitive categories which trainees employ in working with clients. A more detailed examination of in-session cognition of trainees may further illuminate the connection between the various cognitive processes and performance in the counseling session.

Counselors' Cognitive and Affective Dimensions

Conceptual Level

Based on conceptual systems theory (CST; Harvey, Hunt & Schroder, 1961) Hunt (1978) defined conceptual level (CL) as a "personality characteristic that describes persons on a developmental hierarchy of increasing conceptual complexity, self-responsibility, and independence" (p.78). Several studies have examined the relationship between conceptual level (CL) and counselor performance.

Holloway and Wolleat (1980) examined the relationship between conceptual level and the trainee counselor's conception of the client. The trainee counselors were first given a semi-projective instrument to assess conceptual level, then approximately one month later, they watched a videotape of a counseling session. Immediately following this viewing, instruments were administered to assess clinical hypothesis formation techniques. In this study

counselors with higher conceptual levels (cognitive complexity) developed clinical judgements that were of higher quality and clarity than counselors with lower conceptual levels (cognitively concrete). Cognitively complex counselors sought more different kinds of information and were less likely to adhere to one style of inquiry.

In contrast Strohmer et al., (1983) concluded that the quality of hypotheses that trainee counselors developed about their clients was not related to their conceptual level. In this study, the stimulus material consisted of case folders containing observations about six hypothetical clients who were having adjustment problems in college. The authors suggested that this discrepancy in results could be partially based on the use of different criteria in rating the quality of the hypotheses. The results of both analogue studies may be limited in their applicability to "live" counseling sessions.

Blaas and Heck (1978) combined five measures of cognitive abilities including the Paragraph Completion Method (PCM) to develop a multidimensional cognitive complexity variable. In this study, 33 master's degree students in counseling performed a counseling task of 20 minutes with two separate clients presenting with different concerns. Prior to completing these tasks each counselor filled out five cognitive measures which were used in a

cluster analysis that resulted in a high conceptual level group and a low conceptual level group. Using the counselor responses from the counseling tasks each counselor was rated on several dimensions including accurate empathy, verbal directness, and substance of the response (cognitive or affective). The authors concluded that the counselor's level on this multidimensional cognitive variable did not significantly discriminate between four process variables including accurate empathy, verbal directness, counselor's responsiveness to affective and cognitive material presented by the client, and congruency between the client and counselor rating of the session. In contrast, Heck and Davis (1973) concluded that high conceptual level trainee counselors obtained higher empathy ratings.

Alcorn and Torney (1982) used counselor self-reports of experiences of emotional states (including fear, anger, happiness, contempt, and depression) as the foundation for estimating cognitive complexity of emotional experience. A significant positive correlation was found between the counselor's cognitive complexity of self-reported emotional experience and accurate empathic understanding.

In a related study, Bruch, Juster, and Hiesler (1982) tested the relationship between subject differences in conceptual level and the focus of subjects' thought content as manifested in their attribution judgements and self-statements about a variety of problem situations. In

addition, the authors examined the relationship between subject conceptual level and a possible increase in negative feelings when focusing on these situations. The subjects in this study included 106 introductory educational psychology students. These students were administered the Paragraph Completion Method as described above and were split into high-CL and low-CL groups according to their scores. From this group 48 paid volunteer students participated in the study. These subjects were exposed to an imagery procedure in which negative or problematic situations were described that are designed to induce mood and self-referent thinking. There were a total of six situations including one neutral scene described to each subject. Following each presentation of the scene the subjects were asked several questions designed to assess their thoughts or cognitions regarding the scene. After the subjects had answered these questions for all situations they filled out a negative emotional reactivity questionnaire and an attribution measure. The authors concluded that the high CL group displayed more appropriate thought content as reflected by obtaining higher scores on some measures of adaptive thinking and lower scores on some measures of dysfunctional thinking than did the low CL group. More specifically, the two groups appeared similar in the frequency of using positive task statements in relation to the scenes. In contrast, the low CL group emitted significantly more

negative task statements than the high CL group in relation to the scenes. The authors suggest that a categorical and absolute thinking style (low CL) may be associated with a tendency to believe that problem situations are more likely to result in negative behavioral responses from oneself as well as others. Based on these findings it may be suggested that counselors with an absolute thinking style may respond with more negative statements when working with the emotional problems and situations as described by their clients. In addition, the authors concluded that high CL subjects displayed less of an increase in all three types of negative affect (anxiety, depression, and hostility) following imagery of the academic scenes only. The relationship between conceptual level and emotional responses is not clear from this study, but it appears to represent an area for further study. Further explication of the relationship between conceptual level and counselor internal dialogue may clarify how to further explore the relationship between conceptual level and other process variables.

Higher levels of conceptual level demonstrated by counselors in training have been linked to types of verbal responses (Goldberg, 1974), quality and clarity of clinical judgements (Holloway & Wolleat, 1980), and higher empathy ratings (Alcorn & Torney, 1982; Heck & Davis, 1973). The results of these studies indicate that the counselor's overt

behaviors including verbal responses and clinical judgements vary according to conceptual level. The underlying inner experiences or thinking processes that result in verbal responses and clinical judgements may be linked to conceptual level, as well, and further explication of this relationship may provide useful clinical training information.

Affect Intensity

Affect intensity is a stable individual difference characteristic defined in terms of the average or characteristic magnitude of emotional responsiveness (Larsen and Diener, 1987). The range of affect intensity includes those who have mild fluctuations in their emotional experiences at one extreme. At the other extreme of affect intensity are those people who experience their emotions more strongly and who tend to be more reactive and volatile in their emotional reactions. A person's affect intensity generalizes across specific emotions such that individuals who experience their positive emotions more strongly will, over time, experience their negative emotions more strongly as well.

Larsen, Diener, and Emmons (1986) conducted a study examining the relationship between affect intensity and reactions to daily life events. Affect intensity was assessed by the Affect Intensity Measure (AIM; Larsen, 1984) which is a 40-item questionnaire that uses a Likert-type

scale. Individuals who score high on the AIM reacted more strongly (with more intense emotions) to events in natural lives, regardless of whether these events evoked a positive or negative emotion. Additionally, when controlling for severity of daily life events this finding remained stable. Larsen and Diener (1987) described findings that individuals high in affect intensity rated their daily events as being more important than did low affect intensity subjects, although these life events received a similar importance rating by objective raters. The authors suggest that emotional response intensity may be linked to distinctive cognitive components.

Larsen, Diener, and Cropanzano (1987) examined the cognitive operations associated with individual differences in affect intensity. Using the Affect Intensity Measure (AIM) the participants were divided into groups high and low in affect intensity. The subjects were exposed to affect-relevant slides that were positive and negative in nature. In addition, they were exposed to slides that contained neutral material. The cognitive operations associated with these slides were assessed by a 37 item questionnaire that required the respondents to rate their reactions while viewing the slides. In response to the positive affect slides the high-AIM group was typified by the cognitive operations of relating the events to themselves (personalization), thinking about how much good there is in

the world (overgeneralization) and focusing their attention on the best part of the slide (selective abstraction). The same cognitive operations were evident in the high-AIM group in relation to the negative affect slides.

In a second study, a low-AIM group and a high-AIM group viewed slides with positive, negative and neutral material and were asked to write down anything that went through their mind as they viewed the slide. These responses were rated along eight dimensions including Physical Sensations, Emotional Arousal, Personalizing Statements, Empathic Statements, Global Statements, Fantasy Elaboration, Focus on Feelings, and Emotional Details. The high-AIM subjects scored significantly higher than the low-AIM group on all dimensions except Focus on Feelings and Emotional Details in response to the positive affective stimuli. The high-AIM group scored significantly higher than the low-AIM group on all dimensions except Emotional Details in response to the negative affective stimuli. Exposure to emotion-neutral stimuli elicited similar cognitive operations in both the low-AIM group and the high-AIM group. In addition, the subjects displayed consistent thought content from positive to negative slide trials. The results from the first study indicate that subjects high on affect intensity tend to engage in cognitive operations including personalization, overgeneralization, and selective abstraction more than subjects low on affect intensity. In the second study

specific cognitive operations including more personalizing, more empathic responses, and more global and elaborating thinking discriminated the high-AIM group from the low-AIM group. The subjects tended to display similar discriminatory responses to the slides regardless of the affective tone. The results of the second study indicate that these cognitive operations are identifiable only in relation to emotional stimuli. The authors suggest that these cognitive operations are indicative of a consistent response that is specific to emotional stimuli. These results indicate that a relationship between emotional responses and cognitive operations is evident although it remains unclear how this connection is established. In a related study, Flett et al., (1986) provided some evidence for the connection between one's affect intensity and self-consciousness or self-based internal dialogue. In this study it was found that a significant relationship exists between affect intensity level and private and public self-consciousness. Extrapolating from this research to counseling process research it is suggested that a relationship exists between the counselor's emotional responses and their cognitive operations including cognitive complexity and internal dialogue.

Empathy

Rogers (1957) introduced counselor empathy as a necessary and sufficient condition for therapeutic

personality change. Since this introduction empathy has been more clearly defined as the counselor's ability to enter into and understand the client's world and convey this understanding to the client, as well. Conveying accurate empathy has been described as the "most fundamental, vital, and complex therapeutic skill" (p.2) that a counselor possesses in their work with clients (Hammond, Hepworth & Smith, 1977). Several training models for counseling students include empathy and advanced empathy as basic therapeutic communication skills (Egan, 1986; Hackney & Cormier, 1991; Hammond et al., 1977). The ability to empathically be with a client and communicate this in an effective manner is one of the first skills that a beginning counselor is required to master.

Beginning counselors have been characterized by their extreme self-focus, limited ability to relax in the session, difficulty attending to client's viewpoint, and low tolerance for ambiguity in the counseling relationship (Friedlander et al., 1984; Stoltenberg & Delworth, 1987). Initial studies that have explored the inner experiences of novice counselors seem to confirm these theoretical descriptions (Borders, 1989; Borders et al., 1988; Susman et al., 1992). In particular, the novice counselors' self-focus and difficulty attending to the client's viewpoint may impede the development of empathy and advanced empathy skills within the counseling realm. Using empathy in the

therapeutic relationship is a two-step process in which the counselor is first required to "accurately sense the client's world" (p.14; Hackney & Cormier, 1991) and then verbally share this understanding with the client. Novice counselors begin their training with varying levels of empathic abilities which may impact their developmental process. A closer examination of the empathic tendencies that a counselor brings to training and the relationship to their inner experiences may provide a richer description of the novice counselor's development.

Davis (1983a) defines empathy in a broad sense as "the reactions of one individual to the observed experiences of another" (p.113). Davis has developed the Interpersonal Reactivity Index (IRI) to assess both the cognitive and affective reactions that a person has to the observed experiences of another. He has developed a set of four distinct constructs including Perspective-Taking, Fantasy, Empathic Concern, and Personal Distress. The Perspective-Taking dimension measures "the tendency to adopt the point of view of other people in everyday life" (p.117). The Fantasy scale measures "the tendency to transpose oneself into the feelings and actions of fictitious characters in books, movies, and plays" (p.117). The Empathic Concern scale measures "the tendency to experience feelings of warmth, compassion, and concern for other people" (p.117). The Personal Distress scale measures "one's own feelings of

personal unease and discomfort in reaction to the emotions of others" (p.117). Researchers have been recognizing the multidimensional nature of empathy and this scale represents a way to tap several dimensions of empathy.

Davis (1983b) conducted a project to show that individual differences in empathic tendencies is significantly related to levels of empathic emotion and personal distress after exposure to a needy victim. In this study the Perspective-Taking scale was the cognitive measure of empathy while the Empathic Concern scale was the emotional measure of empathy. Each subject listened to a series of broadcast messages followed by a plea for help from a young woman living in the area. In one condition, the subjects were asked to imagine how the woman was feeling and in the second condition, the subjects were asked to merely listen carefully. The results indicated that both cognitive and affective empathy variables contributed significantly to explaining the variance in emotional reactions of the subjects (beyond that accounted for by instructional set, subject sex, and subject's baseline emotional state). These results suggest that individual differences in empathy influence emotional reactions of persons as they respond to someone in need of help. As novice counselors begin working with clients in need of help, the individual differences in empathic abilities may influence their reactions and their inner experiences.

Counselors in more advanced stages of training have developed more advanced empathy skills through clinical work and supervision, thus their individual differences in empathic ability may not influence their work to the same degree as it might with the novice counselors.

In a later study, Davis, Hull, Young and Warren (1987) examined the relationship between the cognitive and affective empathy predispositions of undergraduate students and their positive and negative affective reactions to dramatic film stimuli. The three conditions that the subjects were subdivided into included: a group asked to imagine how the character felt (Perspective-taking); a second group was asked to make careful observations of everything the character did (Objective-set); and the third group was asked to watch the film (neutral-set condition). The Mood Adjective Check List (MAACL) was the dependent measure in the study. The cognitive and affective facets of empathy influenced the emotional reactions of the subjects. Affective empathy scores were consistently associated with variations in negative affective reactions, while cognitive empathy scores were not. The subjects who scored high on affective empathy reported feeling more depressed, more hostile and more anxious following the film clips than did the subjects scoring lower on this scale. Higher affective empathy scores were related to the friendliness index, however they were unrelated to other positive affect

variables.

Those scoring high on the cognitive empathy scale displayed consistent variations on measures of positive emotional experience. More specifically, the subjects high in cognitive empathy who were given the perspective-taking instructions reported the least positive moods. The subjects high in cognitive empathy who were given the objective-set instructions reported the most positive moods following the film clip. Both those scoring high and low on cognitive empathy who were given neutral instructions showed equivalent intermediate levels of positive emotions. The authors concluded that the multidimensional aspects of this empathy scale allows for greater explanation of individual effects. The differential effects of the perspective-taking and empathic concern scales as demonstrated in these studies (Davis, 1983b; Davis et al., 1987) contributes to the overall validity of the IRI as a multidimensional measurement of empathy. Carey, Fox, and Spraggins (1988) indicate that the Interpersonal Reactivity Index (IRI) has the potential to be a useful multidimensional empathy instrument in the area of counseling process research. The inclusion of both the affective and cognitive approaches to the measurement of empathy in one scale represents a distinct measure of dispositional empathy. Furthermore the link between levels of cognitive and affective empathy and the type and depth of emotional reactions provides some

evidence for further study of this relationship within the counseling realm. It is suggested that the novice counselor's affective and cognitive empathy levels may be related to the emotional and cognitive inner experiences as they relate to the counseling process.

Maintenance of Emotional Separation

Corcoran (1982) explored the relationship between self-other differentiations or degree of emotional separation a person has in relation to another person and empathy. He concluded that respondents low in empathy displayed no change in maintenance of emotional separation as empathy scores increased. In contrast, the respondents high in empathy displayed a decrease in maintenance of emotional separation as empathy scores increased.

In a later study, Corcoran (1983) explored the relationship between the emotional responses of social work students to three standardized audiotaped simulated clients presenting as scared, angry, or sad and their degree of emotional separation. The subjects who displayed higher empathic resonance also showed lower levels of maintaining emotional separation. The author suggests that a convergence between the counselor's and client's emotional experience (lower maintenance of emotional separation) may be associated with higher levels of empathy. The degree of emotional separation that a counselor has in relation to another person may also be linked to the cognitive and

affective inner experiences of the counselor in a therapy session.

Client's Presenting Problem and Counselors' Reactions

The counseling relationship is a dynamic entity that is influenced by the client as well. Several studies have examined the interplay between the counselor's reactions to clients with different presenting problems and varying emotional states. Haccoun and Lavigueur (1979) explored the reactions of therapists at varying levels of experience to angry and sad clients. In general the therapists judged the angry clients less favorably than sad clients and the therapists intervened less with the angry clients than the depressed clients. The more experienced therapists were better able to tolerate the client's angry feelings. In a related study, Bandura et al., (1960) concluded that therapists who expressed their own hostility in direct forms and had a low need for approval were more likely to allow anger in the session and to prod their clients to express their hostility. Russell and Snyder (1963) concluded that student counselors show greater anxiety in interviews with hostile clients than in interviews with friendly clients. In a later study, Howell and Highlen (1981) concluded that the quality of the counselor responses did not vary across negative and positive client affect. The results of these studies suggest that therapists respond in different ways to the varying emotional states of their clients. In

addition, the therapist's reaction to a certain emotional state may vary according to their own affective tendencies. However it was shown that the quality of responses did not vary in relation to the client's affect suggesting that although the counselor's anxiety is heightened or their interventions decrease in number the counselor is able to respond in an equivalent manner to other counselors. Examining the underlying thinking patterns in relation to varying presenting problems may improve understanding of the counselor's coping mechanisms and processes that result in a good quality response.

Cummings (1989) studied the effect of problem type on the response modes of novice counselors in training. Problem types included intrapersonal and interpersonal issues that were presented by a fellow student to the counselor trainee on a 30 minute audiotape. Each counselor trainee responded to the same fellow student who presented both problem types (intrapersonal and interpersonal) in two separate sessions. Novice counselors used more reflective statements when working with interpersonal problems and more information giving statements when working with intrapersonal problems. These results suggest that the inner experiences of novice counselors may vary according to the type of problem presented by the client. Information about how novice counselors internally react to different problem types may be a useful benefit in the development of

effective training programs.

Overview and Research Aims of this Study

The preceding literature review underscores the complex nature of investigating counselors in training and their developmental process. Several developmental theories have suggested that trainees progress through stages or levels that are defined by specific counseling skills, thought processes and emotional experiences (Blocher, 1983; Friedlander et al., 1984; Holloway, 1987; Loganbill, Hardy & Delworth, 1982; Stoltenberg, 1981; Stoltenberg & Delworth, 1987). Recently, empirical evidence has been generated that provides some support for these developmental models. Specifically, the inner experiences of novice counselors appear to be qualitatively different than those of more experienced counselors (Borders et al., 1988; Cummings et al., 1990; Fuqua et al., 1986; Susman et al., 1992). One of the purposes of this study is to corroborate these findings and provide further explication of the inner experiences of novice counselors.

Researchers have suggested that the exploration of the trainee's personality characteristics as they relate to counselor and training development may improve the knowledge base about the experiences that trainees have (Holloway, 1992; Reising & Daniels, 1983). Counselor conceptual level has been linked to verbal response types, clinical judgment and empathy levels, thus, one aim of this study was to

further explore the relationship between conceptual level and inner experiences. A second area of trainees' personality characteristics includes affective style. Research suggests that decision making is influenced by affect (Isen, Means, Patrick, & Nowicki, 1982) and that counselor in-session anxiety is negatively associated with outcome ratings (Kelly, Hall, & Miller, 1989). None the less, a paucity of research exists that has investigated the therapists' affective style and its relationship to their internal processes, so another aim of this study was to explore this area. Emotional variables to be studied include affective style, empathic tendencies and self-other differentiation in relationships. A final aim of this study is to investigate the link between inner experiences and the client's presenting problem.

In summary the overall goal of this study is to explore novice counselors' inner experiences in a situation that simulates many training programs. The second and third aims of this study are to broaden knowledge of the relationship between the novice counselors' internal processes and their cognitive style and affective tendencies, as well as the client's presenting problem. A fuller understanding of different trainee profiles than has previously been described in the literature may have implications for training program goals and supervisory models and techniques.

CHAPTER III

METHODOLOGY

Subjects

The sample consisted of 27 master's students enrolled in counseling and related programs at a private midwestern university. All subjects were enrolled in or had already taken an introductory laboratory-based counseling skills course. Students enrolled in this counseling skills course were contacted during a class session with the permission of the instructor. A brief written description of the study including its purpose and requirements for participation was given to the students (see Appendix A). The students were asked to participate in the study on a voluntary basis. Students who were not currently enrolled in the counseling skills course were contacted by telephone and given the information stated above.

Of the participants in the study 24 were female and 3 were male. Students averaged 27.96 years of age ($SD = 7.85$), ranging from 22 to 60 years. The majority of the sample was Caucasian (85.2%). Of the remaining portion of the sample, three participants were African-American (11.1%) and one participant was Asian-American (3.7%). The majority of the participants (60.1%) were from either the community

counseling (37.0%) or school psychology (33.1%) programs. There were four participants (14.8%) from the college student personnel program and one participant (3.7%) each from the educational psychology, educational leadership, and early childhood programs. One person did not indicate program affiliation. The majority of the students (66.7%) were in the first year of their program while seven students (25.9%) were in the second year of their program. One participant (3.7%) was in the sixth year of her program. One participant did not report program year.

Of the participants in this study, 18 (66.7%) reported no prior counseling experience. The nine participants (33.3%) with prior counseling experience had been in a variety of settings and included a teen pregnancy counselor, a group counselor, a residential case manager, a crisis counselor, a substance abuse/HIV+ counselor, two student activities counselors, a weight loss counselor, and a vocational counselor. Of the nine participants with prior counseling experience, four worked from four months to one year, three worked for one year to two years, and one person worked for approximately three years. One person who indicated having prior counseling experience did not report its length. Supervision was received by seven of the nine participants with prior counseling experience using either process notes (5) or discussion (2). Supervision was received on an individual (5), group (1), or

group/individual (1) basis.

Most of the participants in the sample had not taken a graduate level counseling skills course prior to their master's program (85.2%). The type of training the remaining four participants (14.8%) received included counseling skills as part of a workshop (1), Resident Assistant training (1), and an undergraduate counseling skills course (2). Two of the participants reported receiving approximately four months of training, while the other two participants did not report the duration of the training experience.

Measures

Paragraph Completion Method (PCM)

The Paragraph Completion Method (PCM; Hunt, Butler, Noy & Rosser, 1978) is a semi-projective instrument used to assess Conceptual Level (CL) (see Appendix B). The PCM was developed to measure "how" a person thinks by assessing the thought structure underlying responses to six sentence stems. These sentence stems address issues of conflict or uncertainty, rule structure, and authority. Levels of conceptual development are differentiated by the characteristics of the thinking process (Harvey et al., 1961). The PCM scores reflect 4 levels of cognitive structure, with 0 as the lowest level of cognitive structure and 3 as the highest level of cognitive structure. The inter-rater reliability coefficients for the PCM across a

sample of studies that examined adult conceptual levels range from .68-.91. Considering another aspect of reliability, Gardnier and Schroder (1972) have reported a test-retest reliability of .67 in a sample of college students. Conceptual level has been found to be distinct from intellectual, aptitude and achievement measures. Moreover, it has been found that persons very low in ability and achievement are almost always low in conceptual level. However, persons of high ability and achievement vary greatly in their conceptual level.

The PCM instrument was used in this study to assess the counselor's conceptual level. This particular instrument was chosen because of its applicability to this population as indicated by its use in counseling research. The protocols were scored by an expert rater who was involved in the original development of the Paragraph Completion Method.

Affect Intensity Measure (AIM)

The Affect Intensity Measure (AIM; Larsen, 1984) is a measure of the average magnitude of emotional responsiveness. The AIM is a 40-item questionnaire that assesses the characteristic strength or intensity with which an individual typically experiences his or her emotions. Affect intensity is the typical strength of experienced emotion (e.g., "When I am happy the feeling is one of intense joy") which is distinct from the frequency of emotional experiences ("I am happy quite often"). The AIM

includes the range of emotions from positive to negative. The construct definition of affect intensity dictated that items for the scale focus on the intensity of particular emotions rather than the frequency; that items refer to the strength of emotion regardless of hedonistic quality; and that the items should reflect the behavioral, cognitive, and interpersonal consequences of a person having strong affective responsivity. Based on this definition, 343 items were developed by a psychology professor, a graduate student, and two undergraduate students. A group of raters rank ordered these items according to their correspondence to the construct definition and the lowest 200 items were dropped. The remaining 143 items were given to 567 undergraduates and 45 items were dropped due to insufficient variance, high skewness, and/or high correlations with the Crowne and Marlow (1964) measure of social desirability. Factor analysis of the remaining 98 items was conducted leaving 50 items after four iterations. These 50 items were given to 400 undergraduates after which another factor analysis was done resulting in the 40-item measure.

Several factor analyses of the AIM revealed that it had five factors including intra-personal positive affect, preference for arousal, general intensity, intra-personal negative affect, and reactivity to positive events. A moderate intercorrelation existed among these factors and upon refactoring a single second-order factor emerged.

Larsen (1984) suggested using a summative scoring strategy in which the total score reflects the amount of general affective reactivity.

Larsen (1984) reported that the AIM yields internal consistency coefficients (Cronbach, 1951) in the range of .90 to .94 across four samples. Reliability figures were calculated for this sample and the coefficient alpha for the AIM was $\alpha = .88$ which is similar to that reported by Larsen (1984). The mean corrected item-total correlations in Larsen's four samples ranged from .41 to .51, and split-half correlations ranged from .73 to .82. Test-retest reliabilites of .80, .81, and .81 for 1, 2, and 3 month intervals were found. Larsen (1984) found that the AIM was not significantly associated with measures of response bias including a measure of social approval (Crowne & Marlowe, 1964), a measure of faking bad or faking good (Cattell, Eber, & Tatsuoka, 1970), a measure of lying (Eysenck & Eysenck, 1964), and a measure of infrequency and defensiveness (Jackson & Messick, 1970). The AIM has also been found to be unrelated to extreme response sets (Diener, Larsen, Levine & Emmons, 1985).

Larsen (1984) conducted a multitrait-multimethod study of affect intensity to determine construct validity of the AIM measure. It was found that divergent affect intensity measures are significantly correlated while these measures of affect intensity are not significantly correlated with

frequency of affect measures. The convergent validity of the AIM measure has been demonstrated by its correlation with average daily affect intensity. Specific emotions that have been found to relate significantly to affect intensity have included physical activity, arousal, tension, productivity, sociability and energy level (Larsen & Diener, 1987). Affect intensity has also been found to be related to complexity of life situation including social relations and goals. Jolly (1986) found that individuals scoring high on the AIM interact with more people who do not know each other suggesting that their social network is more complex due to the greater number of independent units. Emmons (1986) concluded that persons high in affect intensity maintained goals that were unrelated to each other indicating complexity in their goal setting.

Interpersonal Reactivity Index (IRI)

Davis (1983a) developed the Interpersonal Reactivity Index (IRI) which is a 28-item self-report questionnaire consisting of four 7-item subscales which each assess a certain dimension of empathy (see Appendix C). Davis defines empathy in a broad sense as "the reactions of one individual to the observed experiences of another" (p.113). Davis developed the IRI to assess both the cognitive and affective empathic reactions that a person has to the observed experiences of another. He developed a set of four distinct constructs including Perspective-Taking, Fantasy,

Empathic Concern, and Personal Distress. The Perspective-Taking dimension measures "the tendency to adopt the point of view of other people in everyday life" (p.117). The Fantasy scale measures "the tendency to transpose oneself into the feelings and actions of fictitious characters in books, movies, and plays" (p.117). The Empathic Concern scale measures "the tendency to experience feelings of warmth, compassion, and concern for other people" (p.117). The Personal Distress scale measures "one's own feelings of personal unease and discomfort in reaction to the emotions of others" (p.117). Coke, Batson, & McDavis (1978) established similar empathy constructs including perspective-taking, empathic emotion, and personal distress suggesting that these constructs are salient aspects of empathy. Researchers have recognized the multidimensional nature of empathy and this scale represents a way to tap several dimensions of empathy. The internal consistency reliabilities of the scales range from .71 to .77 and the test-retest reliability of the entire measure ranges from .62 to .71. Reliability figures were calculated for the current sample and the coefficient alphas for the four scales were as follows : (a) Fantasy Scale, $\alpha = .79$, (b) Perspective-Taking, $\alpha = .85$, (c) Empathic Concern, $\alpha = .78$; and (d) Personal Distress, $\alpha = .86$, all of which are slightly higher than those reported by Davis (1983a).

Davis (1983a) examined the convergent and discriminant

validity of the subscales by comparing them to measures of social competence/interpersonal functioning, self-esteem, emotionality, sensitivity to others, and intelligence. A group of 770 undergraduate students filled out the IRI and several other measures in large group sessions.

The results showed that the Perspective-Taking scale was consistently related to the measures of interpersonal functioning. The Perspective-Taking scores were negatively related to boasting and verbal aggression and positively related to extraversion. The Perspective-Taking subscale had a modest positive relationship with self-esteem. A positive relationship to other-oriented sensitivity measures and a weak, negative relationship with self-oriented sensitivity measures was found. There was no relationship found between Perspective-Taking and emotionality defined as emotional invulnerability and lack of responsivity to emotional situations. A modest negative correlation between Perspective-Taking and fearfulness (self-reported nervousness, anxiety, and insecurity) was found. No relationship was found between Perspective-Taking and intelligence.

The Empathic Concern scores were not consistently related to interpersonal functioning measures. However, Empathic Concern scores were positively related to measures of shyness, social anxiety, and audience anxiety. In contrast, Empathic Concern scores were negatively related to

loneliness and an undesirable interpersonal style. High Empathic Concern scores were slightly, positively related to emotional vulnerability, fearfulness, and insecurity. Empathic concern scores were strongly associated with selflessness and concern for others. The Empathic Concern scores were negatively related to intelligence measures on a marginally significant basis.

The Personal Distress scores were positively related to measures of interpersonal functioning. Higher scores on the Personal Distress scale were positively related with higher levels of social dysfunction and lower levels of social competence. Personal Distress scores were most strongly related to shyness, social anxiety, and extraversion. Personal Distress scores were negatively related to self-esteem. The relationship between the Personal Distress subscale and emotional reactivity showed that higher Personal Distress scores were positively related to emotional vulnerability and chronic fearfulness. A positive correlation was found between Personal Distress scores and the self-oriented measures. No relationship was found between Personal Distress scores and other-oriented scores.

Several intercorrelations among the subscales were significant beyond the .05 level in two samples of subjects. Perspective-Taking and Empathic Concern scores were significantly and positively related in both samples (mean $r = .33$). Perspective-Taking and Personal Distress

were consistently and negatively related (mean $r = -.25$). In addition, the Empathic Concern and Fantasy subscales were positively related (mean $r = .33$).

To further demonstrate the validity of the multidimensional approach of the IRI, each subscale was correlated with two widely used empathy measures including the Mehrabian and Epstein Emotional Empathy Scale (emotional) and the Hogan Empathy Scale (cognitive). Davis (1983a) predicted that Perspective-Taking would correlate most highly with the cognitive empathy scale, while the other three subscales would correlate with the emotional empathy scale. The cognitive Hogan Empathy scale was the most highly correlated with the Perspective-Taking subscale (mean $r = .40$). The Empathic Concern subscale was less correlated with the Hogan scale (mean $r = .18$) while the Personal Distress scale was negatively associated with the Hogan scale (mean $r = -.33$). In comparing the four subscales of the IRI to the Mehrabian and Epstein Emotional Empathy Scale it was found that the Perspective-Taking Scale had the lowest correlation (mean $r = .20$). The Empathic Concern scale was highly correlated with the Mehrabian and Epstein scale (mean $r = .60$). The Personal Distress scale was somewhat correlated with the Mehrabian and Epstein scale (mean $r = .24$).

Davis (1983b) conducted a study to further explicate the validity of the IRI by exploring the relationship

between dispositional empathy and emotional reactions and helping. As part of the study, the subjects listened to several tape recorded messages including a tape in which a young woman makes a plea for help. While listening to this woman, the subjects were instructed to either adopt the perspective of the woman on the tape (imagine how she felt) or just listen carefully. The subjects' responses to a mood questionnaire that assessed feelings of concern, personal discomfort, and anxiety and their decision to assist the woman or not represented the dependent variables in the study. The Empathic Concern subscale was significantly correlated with the concern scale ($r = .28$) and the personal discomfort scale ($r = .24$), while the Perspective-Taking subscale showed minimal correlation with either scale. In further analysis using a multiple regression analysis, it was found that the Perspective-Taking and Empathic concern subscales significantly increased (from $R = .17$ to $.23$, $p < .01$) the explained variance in predicting the subjects' emotional reactions. In addition, Perspective-Taking and Empathic Concern subscales significantly increased (from $R = .11$ to $.16$, $p < .01$) the explained variance in predicting the subjects' personal distress. These results support a multidimensional approach to examining empathy.

In a later study, Davis et al., (1987) examined the relationship between the cognitive and affective empathy predispositions of undergraduate students and their positive

and negative affective reactions to dramatic film stimuli. The subject's score on the Perspective-Taking subscale represented cognitive disposition on empathy, while the score on the Empathic Concern scale represented affective disposition on empathy. Subjects were divided into three conditions: a group asked to imagine how the character felt (Perspective-taking); a group asked to make careful observations of everything the character did (Objective-set); and a group asked to watch the film (neutral-set condition). The Mood Adjective Check List (MAACL) was the dependent measure in the study. The cognitive and affective facets of empathy influenced the affective reactions of the subjects. Empathic Concern scale scores were consistently associated with variations in negative affective reactions, while Perspective-Taking scores were not. The subjects who scored high on the Empathic concern scale reported feeling more depressed, more hostile and more anxious following the film clips than did the subjects scoring low on the Empathic Concern scale. The Empathic Concern scale was related to the friendliness index; however, it was unrelated to other positive affect scales.

The Perspective-Taking scale had a strong consistent effect on the measures of positive emotional experience. More specifically, the subjects high in dispositional perspective taking (PT scale) who were given the perspective-taking instructions reported the least positive

moods. The subjects high in dispositional perspective taking (PT scale) who were given the objective-set instructions reported the most positive moods following the film clip. Both those scoring high and low on the dispositional perspective taking (PT scale) who were given neutral instructions showed equivalent intermediate levels of positive emotions. The authors (Davis et. al., 1987) concluded that the multidimensional aspects of this empathy scale allows for greater explanation of individual effects than a one-dimensional empathy scale. The differential effects of the perspective-taking and empathic concern scales as demonstrated in these studies (Davis, 1983b; Davis et al., 1987) contributes to the overall validity of the IRI as a multidimensional measurement of empathy. The inclusion of both the affective and cognitive approaches to the measurement of empathy in one scale represents a distinct measure of dispositional empathy.

Maintenance of Emotional Separation Scale (MES)

The Maintenance of Emotional Separation Scale (MES) measures the degree of emotional separation the subject has in relation to another person (Corcoran, 1982) (see Appendix D). The MES consists of seven items on a scale which ranges from one (completely false for me) to six (completely true for me). Higher scores indicate a greater loss of emotional separation. The MES evolved from the responses of 131 social work students to a 16 item scale considered

reflective of emotional separation. There were equal numbers of items written in terms of maintaining emotional separation (positive direction) and of loss of emotional separation (negative direction). A principal components factor analysis was performed and only items which had factor loadings greater than .40 and corrected item total coefficients greater than .25 were retained. The resulting 7-item scale had an internal consistency coefficient of .71. Reliability figures were calculated in the current study and the coefficient alpha was $\alpha = .86$.

Corcoran (1982) further argued that scores on the seven-item scale should have a stronger magnitude of internal consistency for those respondents possessing higher levels of empathy. Using the Empathic Tendency Scale (Mehrabian & Epstein) to assess empathy of subjects, Corcoran (1982) showed that respondents with high levels of empathy obtained higher internal consistency coefficients on the MES than those respondents with low levels of empathy. Construct validity of the instrument was established by correlating the seven items with 10 items from the ET scale selected on the basis that the items reflected loss of emotional separation. A negative correlation was found ($r = -.369$, $p < .001$). In addition, the items from the MES scale did not correlate with scores on the 15 items from the Marlowe-Crowne Social Desirability scale.

Corcoran (1982) found evidence for a curvilinear

relationship between the MES scale and the complete Empathic Tendency scale. Subdividing the subjects into four empathy groups (lowest, low, high, and highest) showed that individuals low in empathy had equivalent maintenance of emotional separation scores even as the empathy scores increased. However individuals high in empathy had a decrease in their maintenance of emotional separation as the empathy scores increased.

Corcoran (1983) further tested the MES by exploring the relationship between social work students' emotional responses to three standardized audiotaped simulated clients. A comparison between these responses and the MES scores showed a negative correlation ($r = -.47$, $p < .05$). This further supports the finding that higher levels of empathic resonance are associated with lower levels of maintaining emotional separation. In addition, Corcoran (1989) correlated the MES with an empathy measure developed by Stotland, Mathews, Sherman, Hansson and Richardson (1978) using a sample of female social workers. It was found that empathy is negatively correlated with the MES ($r = -.54$, $p < .01$).

Demographic Questionnaire

A demographic questionnaire was used to obtain information regarding the participant's age, gender, ethnicity, type of program, and level in program (see Appendix E). In addition, information concerning type of

counseling experience and prior courses or training in basic counseling skills was obtained.

The Novice Therapist Pre-Intentional Coding Scale

The Novice Therapist Pre-Intentional Coding Scale (Rezek, 1994) was used to code the inner experiences of the novice counselors (see Appendix F). This coding scale was developed specifically to code the inner experiences of novice counselors as part of an on-going research project. This coding system was data driven and derived from the written inner experiences of novice counselors over a several month period in a pilot study. During the developmental phases, this scale was modified and refined to more fully capture the subtle variations of novice counselors' inner experiences. As necessary, additional codes and refinement of existing codes were integrated into the coding scale.

The Novice Therapist Pre-Intentional Coding Scale includes the following categories: 1) Therapist Self Awareness (emotional, cognitive, behavioral); 2) Therapist Self Direction (emotional, cognitive, behavioral); 3) Therapist Self Evaluation (criticism, praise, or corrective self-feedback); 4) Therapist Awareness of Client (emotional, cognitive, behavioral, or situational/interpersonal); 5) Hypothesizing-Formulating; 6) Client Evaluation; 7) Awareness of the Setting/Situation; 8) Awareness of the Relationship/Process; 9) Tangential Focus (pertaining to the

client or the therapist) and 10) Uncodable. The coding manual (Appendix F) includes detailed descriptions of each category as well as several examples.

Procedure

Videotaped Role Plays

Each counselor trainee was paired with a fellow counseling trainee in which each trainee played the role of both counselor and client. Each counselor trainee counseled their fellow student and was instructed by the researcher to discuss either an intrapersonal or interpersonal problem. To assist in making a distinction between interpersonal and intrapersonal problems, an instruction sheet describing each problem type was given to the participants (see Appendix G). Interpersonal problems were concerned with any person in the "client's" life including family, friends, peer or boss in which a conflict may exist or the "client" has a desire to improve the quality of the relationship. Intrapersonal problems focused more on the individual apart from others and may include exploring, understanding or changing a part of oneself that is problematic (e.g., procrastination, assertiveness, loneliness). The type of problem presented by the "client" across each dyad was counterbalanced to control for order effects. "Clients" were asked to discuss a real personal concern or problem within the constraints of an intrapersonal or interpersonal concern as outlined above during the 15 minute counseling role-play. The counselor

trainee then switched roles and acted as the "client" for a fellow counselor trainee. This role-playing paradigm is identical to the one established in the basic counseling skills course which all the participants had previously taken.

Recall Procedure

As part of the recall procedure, the participants were instructed to relive the session as they watched the videotape and to think aloud using the present tense to describe their thoughts and feelings as they counseled (see Appendix H). Subjects were encouraged to report all thoughts and feelings, regardless of their origin or apparent importance to the counseling task. They were instructed to stop the videotape following each one of their interventions and speak out loud their reflections which were recorded by audiotape. In addition, they were encouraged to stop the tape during client dialogue if they recalled any thoughts or feelings they experienced while the client was speaking.

Instrument Administration

Prior to completing the videotapes the participants filled out the voluntary consent form (see Appendix I) and the demographic questionnaire. Following the recall procedure each counselor trainee filled out several measures including the Paragraph Completion Method, the Affect Intensity Measure, the Maintenance of Emotional Separation

questionnaire, and the Interpersonal Reactivity Index.

Coding of Transcripts

Unitization of transcripts. Audiotapes of the counseling "sessions" and of the recall sessions were transcribed so that each retrospection was matched with the corresponding session dialogue. The retrospections were then divided into scoring units, defined by a shift in the focus of retrospection. Two trained female, second year doctoral level students classified the inner experiences into separate thought units following specific rules. Unitization of the retrospections allowed all coders to rate identical units. Furthermore the total number of units per transcript was used to calculate the percentage of frequency for each coding category used by the counselor for analytic purposes.

The overall goal of this process was to categorize the inner experiences into complete thought units that were meaningful and conveyed one central idea. A complete thought unit consisted of a phrase or a sentence that retained a single, meaningful idea separate from the phrase or sentence preceding or following it. Most units contained both a subject or noun and a verb. Restatements of concepts or ideas that were essentially identical in meaning were coded as a singular unit. Furthermore, examples, elaborations, or explanations of a concept or idea were not considered separate ideas, thus they were included in one

thought unit. Several examples of retrospections that were similar to the actual retrospections from the study were generated by the author to be used by the unitizing coders for training purposes (See Appendix J). After an adequate level of agreement was achieved in the training process, the coders began unitizing the actual retrospections. The unitizers independently coded each transcript and disagreements were settled through discussion, thus 100% agreement was achieved for each transcript. For each transcript, simple agreement was obtained by dividing the number of units that the coders agreed on prior to discussion by the total number of units produced after discussion (agreement before discussion/total number of units after discussion). The percent agreement prior to discussion ranged from 67-89%, with a mean simple agreement of 80%.

Training in the use of the Novice Therapist Pre-Intentional Coding Scale. Four masters (one male and three females) and four doctoral (two males and two females) level students were trained to use the coding scale over a several week period. The eight coders were responsible for coding two sets of transcripts that were generated from two separate studies including this one. The coders rated the transcripts from the other study prior to rating the transcripts that were included in the current study. The training process for the current study incorporated all the

training sessions conducted for the first study (which were led by the primary author of the coding instrument). An additional training session was also provided by the author of this study prior to the actual coding session in which the transcripts for the current study were rated. All components of the training process will be described in the order that they occurred.

In general, the training process included coding "example" transcripts, discussing disagreements, refining rules, and developing additional categories as necessary to fit the data appropriately. The first step in the training process included four 2-hour sessions over four consecutive weeks in which the entire group met and received instructions from the primary author of the scale on how to use the coding scale. Additionally each rater was given two to four transcripts per week to code prior to the next training session. These codes were used in each meeting to make comparisons, assess level of agreement, and to generate discussion about disagreements.

The second step in the training process included eight more hours of training over the course of three weeks in which two groups of four coders met independently for discussion to increase level of agreement and refine the categories.

The initial goal of this training process was to achieve a simple agreement of approximately 85% so that a

corrected inter-rater agreement of .80 could be achieved. After approximately 22 hours of direct training plus additional coding time spent outside the session, coding agreement reached an average of 68% for the four pairs of raters which fell short of the agreement goal.

On a subsample of transcripts that were part of the first study (Rezek, 1994), the identical group of coders used in the current study achieved a simple agreement of 60%. This simple agreement yielded an inter-coder agreement of $\pi_{(2/2)} = .545$ (Scott, 1955). This level of agreement was thought to be partly due to the idiosyncratic nature of each transcript and partly due to the complexity and subtle differences between the codes. Therefore a plan was developed to resolve interrater differences through discussion; this technique has been used previously in process research to address interrater disagreement (Borders, 1989; Cummings, Martin, Hallberg, & Slemon, 1992; Heppner, Rosenberg, & Hedgespeth, 1992; Kivlighan, 1990; Wynne, Susman, Ries, Birringer & Katz, 1994). For the current study, it was decided that discussion would also be used to reach a consensus on the code type.

The discussion plan for coding involved several steps. In the first step each coder independently rated all units on a given transcript. Next, the two raters compared codes to assess initial level of agreement. For all codes on which disagreement happened, the raters discussed their

independent choices. This discussion involved reviewing rationales for their respective choices and consulting the coding manual to reach a mutually agreed upon code. Finally a code was assigned to the unit which was then used in the analyses.

A final training session with the coders (led by the author) was conducted to assess and ensure familiarity with the coding scale, to gain practice with the types of inner experiences that were generated for the current study, and to retrain coders following a holiday break between semesters. Since the inner experiences for the current study were collected through a verbal mode (in contrast to the written mode used in the first study) "example" retrospections were developed by the author for the coders to rate in pairs. In this six hour training session, general discussion about the disagreements was conducted to improve the coders' abilities to make distinctions between the categories, thus improving agreement level of the verbally generated inner experiences. As in the first study, coding agreement reached an approximate average of 65% for the four pairs of raters.

Coding of inner experiences. Four pairs of trained doctoral and master's level students used the Novice Therapist Pre-Intentional Coding scale to categorize the units or ideas resulting from the unitization process. The coding of the transcripts was completed over a six hour

period in a single location to maximize agreement levels and to ensure that the coders remained focused on the task. A total of 27 transcripts were randomly assigned to the four pairs, thus three pairs coded seven transcripts, while one pair coded six transcripts. Both coders in each pair coded all transcripts that were assigned to them as a dyad. Overall initial agreement for all transcripts was 66%, yielding an inter-coder agreement of $\pi_{(2/2)} = .66$ (Scott, 1955). Disagreements within each pair were resolved through a discussion process (as outlined above), yielding a final 100% agreement on the category type. These final codes were used in the analyses.

Coding of "Client's" Presenting Problem

Two third year doctoral level graduate students (one male and one female) independently rated the type of presenting problem, interpersonal or intrapersonal, by the "client" for all the transcripts. Initial training consisted of a review of the problem descriptions as they were presented to the "clients" and a discussion of the differences between interpersonal and intrapersonal issues. The coders had difficulty differentiating between the problem type for several of the same transcripts, so further training was conducted. All of the transcripts were reviewed by the author to generate a list of rules and examples for determining the problem type (See Appendix K). Next, a one-hour training session in which the rules were

explained and the examples were clarified was conducted with the author and the same two doctoral level graduate students. Finally the two doctoral level graduate students assigned a problem type to the 25 usable transcripts and agreed independently on the problem type for 21 transcripts that were then used in the subsequent analyses.

Design and Analyses

This is an exploratory, descriptive study with an overall aim of broadening the knowledge base concerning the inner experiences of novice counselors and related factors. Descriptive statistics including frequencies, mean percentages, and correlations are reported.

To explore and understand the relationship between inner experiences and the cognitive and affective variables, several discriminant analyses were conducted. Discriminant analysis is a statistical technique that allows for the examination of the relationship between categorical (nominal or nonmetric) and metric variables. In this study, the subjects were tri-partitioned into levels (high, medium, low). These levels were defined by generating categorical variables using counselors' affect intensity level, conceptual level, empathy level, and self-differentiation level measures. The counselors' inner experiences were the multiple discriminating variables used to predict group membership. The goal of this analysis was to determine if counselors at different levels of affect and/or cognitive

levels have inner experiences that separate the groups well. As little research has been conducted in this area, the main goal of this exploratory study was to begin the process of investigating and understanding the possible relationships between these variables. Thus a priori groups were not established, rather the group levels were determined by percentile rank cut-off points and then used in the discriminant analyses. A procedure to test the equality of group covariance matrices using Box's M was employed to ensure that the assumption of homogeneity of variance was not violated in the analyses.

Finally a multivariate analysis of variance was performed to assess differences in the occurrence of inner experiences by type of client presenting problem.

CHAPTER IV

RESULTS

This chapter describes the data analysis and the results of these analyses corresponding to the three aims of this study. In the first part, the inner experiences of novice counselors will be presented, as well as the scores for the affective and cognitive variables. In the second part, the relationship between these inner experiences and affect intensity, conceptual level, maintenance of emotional separation and empathy will be presented. In the last part, the relationship between the inner experiences and client's presenting problem will be reported.

Preliminary Analyses

To assess whether serving as a counselor first or second in the role play differentially influenced scale scores, all the variables including inner experiences, conceptual level, affect intensity, empathic concern, perspective-taking, personal distress, fantasy score, and maintenance of emotional separation were examined for order effects. No significant differences were found between the counselors' scores who were first or second in the role play on all of the scales except maintenance of emotional separation. The participants who served as the counselor

first in the role play had significantly greater scores (\bar{M} = 29.46) on the self-other differentiation scale than those participants who served as the counselor second in the role play (\bar{M} = 22.53).

Inner Experiences used by the Novice Counselors

The total number of inner experience units for each counselor varied greatly and ranged from 20 to 133. The mean number of units per novice counselor was 56.4. The three inner experience categories used most frequently by the novice counselors were: therapist self-awareness of cognitions, therapist tangential focus on self, and therapist evaluation of the client (see Table 1). Therapist self-awareness of their behaviors, therapist awareness of the client's emotions and interpersonal status represent the next three most frequently used inner experiences by the novice counselors. Collapsing the therapist self-awareness (26%) and therapist awareness of the client (26%) categories yields an overall frequency of over 50%. Therapist self-awareness and therapist awareness of the client combined with therapist tangential focus on self and therapist evaluation of the client accounted for 72% of all coded inner experiences. The remaining inner experiences are distributed across the remaining ten categories. Therapist self-direction on an emotional level was not used in this sample.

Table 1

Overall Mean Percentages of Therapists' Inner Experiences

Inner Experience Category	<u>M%</u>	<u>SD</u>
Therapist Self-Awareness		
Emotional	5.47	4.54
Cognitive	11.97	8.18
Behavioral	9.05	9.38
Therapist Self-Direction		
Emotional	0.00	0.00
Cognitive	1.32	2.55
Behavioral	5.36	4.49
Therapist Self-Evaluation		
Praise	.33	.85
Criticism	3.37	5.11
Corrective Self-Feedback	4.14	3.78
Therapist Awareness of the Client		
Emotional	8.62	6.05
Cognitive	5.00	4.80
Behavioral	6.85	5.34
Interpersonal	7.23	7.74
Hypothesizing about the Client	1.67	3.13
Therapist Evaluation of the Client	9.36	9.36
Focus on Setting/Situation	5.06	4.25
Focus on Relationship/Process	3.60	4.29
Tangential Focus		
Client	.17	.63
Therapist	11.04	9.51
Uncodable	.07	.19

Inner Experiences and Affect Intensity

Counselors with higher affect intensities tended to be more aware of their own behaviors ($r = .39$, $p = .047$) and engaged in more corrective self-feedback ($r = .41$, $p = .034$). In addition, counselors with higher affect intensities tended to have less awareness of the client's interpersonal situation ($r = -.40$, $p = .040$).

Inner Experiences and Conceptual Level

Novice counselors with higher conceptual levels tended to have more behavioral self-directive inner experiences ($r = .45$, $p = .020$). Additionally, clients with higher conceptual levels had less awareness of the client's interpersonal situation ($r = -.42$, $p = .030$) and client evaluative inner experiences ($r = -.40$, $p = .037$).

A discriminant analysis was performed to further explore the relationship between conceptual level and inner experiences. Conceptual level was tri-partitioned into low, medium, and high categories. For this analysis, the sub-components of the coding categories of therapists' self-awareness, therapists' self-direction, therapists' self-evaluation and therapists' awareness of the client were collapsed to reduce the total number of categories. The Box's M test was not significant. Four inner experience categories including therapists' self-direction, therapists' evaluation of the client, therapists' awareness of the counseling situation/setting, and therapists' focus on the

relationship/process loaded onto Function 1 (see Table 2 for components and function loadings) which was significant and yielded a $\Lambda = .36$ and $X^2 (8) = 22.90$, $p = .004$ and had an Eigenvalue of 1.30. The analyses indicated distinct separation among the groups with group centroid locations at .95, .34, and -1.76 respectively for the low, medium, and high categories on Function 1. The Eigenvalue for Function 2 was less than 1 and therefore unlikely to be meaningful. Classification results for this analysis indicate an overall correct classification of 66.67% (See Table 3).

A further determination of the characteristics which differentiate conceptual level (low, medium, high) can be made by testing the differences among the group means for conceptual level on each inner experience. Using the F statistic, two of the inner experiences were found to differ significantly for the three groups. Results showed that there were significant differences between conceptual level and percentage of therapists' evaluation of the client inner experiences, $F (2,24) = 4.13$, $p = .03$. Post hoc analysis using the Least-significant Differences test showed that counselors in the low conceptual level group ($M = 14.40$, $SD = 11.58$) had significantly more client evaluative inner experiences than those counselors in the high conceptual level group ($M = 2.25$, $SD = 2.71$). No other significant differences among the groups were found.

Table 2

Function Loadings on the First Function of Discriminant Analysis - Conceptual Level (CL)

Inner Experience Category	Function Loading
Therapist Self-Direction	-.78
Therapist Evaluation of the Client	1.02
Therapist Focus on the Setting/Situation	.64
Therapist Focus on the Relationship/Process	-.74

Table 3

Classification Results of Discriminant Analysis - Conceptual Level (CL)

Actual Group	No. of Cases	Predicted Group Membership		
		Low	Medium	High
Low	9	6	2	1
		66.7%	22.2%	11.1%
Medium	11	4	7	0
		36.4%	63.6%	.0%
High	7	0	2	5
		.0%	28.6%	71.4%

Overall percent of "grouped" cases correctly classified:

66.67%

A significant difference between conceptual level and percentage of therapists' self-directive inner experiences $F(2,24) = 3.59, p = .04$ was found. Post hoc analysis using the Least-significant Differences test showed that counselors in the low conceptual level group ($M = 4.21, SD = 4.18$) had significantly fewer self-directive inner experiences than the high conceptual level group ($M = 11.13, SD = 4.89$). No other significant differences among the groups were found.

Inner Experiences and Maintenance of Emotional Separation

Counselors with higher degrees of emotional separation in relation to others tended to have more behavioral self-directive ($r = .39, p = .045$) and fewer hypothesizing about the client inner experiences ($r = -.58, p = .001$).

Self-other differentiation was tri-partitioned into low, medium, and high groups and a discriminant analysis was performed to further examine its relationship to inner experiences. The Box's M test could not be performed because at least two non-singular group covariance matrices were not present. In general, data sets are robust to the assumptions of a discriminant analyses, thus the results of the procedure will be presented. However these results will be interpreted in a cautious manner.

The analyses showed clear separation among the groups with group centroid locations at 1.42, -1.30, and -.08 respectively for low, medium, and high groups on Function 1.

Table 4

Function Loadings on the First Function of Discriminant Analysis - Maintenance of Emotional Separation (MES)

Inner Experience Category	Function Loading
Therapist Self-Evaluation - Praise	-.80
Therapist Tangential Focus - Client	.96
Therapist Hypothesizing	.44
Therapist Awareness of the Client - Emotions	.51

Table 5

Classification Results of Discriminant Analysis - Maintenance of Emotional Separation (MES)

Actual Group	No. of Cases	Predicted Low	Group Medium	Membership High
Low	8	5	0	3
		62.5%	.0%	37.5%
Medium	8	0	5	3
		.0%	62.5%	37.5%
High	11	0	1	10
		.0%	9.1%	90.9%

Overall percent of "grouped" cases correctly classified:

74.07%

Four variables including therapists' use of praise, therapist's tangential focus on the client, therapists' hypothesizing and therapists' awareness of the client's emotions loaded onto Function 1 (see Table 4 for function loadings) which was significant and yielded a $\Lambda = .32$ and $X^2 (8) = 25.69$, $p = .001$, and had an Eigenvalue of 1.25. Classification results for this analyses indicate an overall correct classification of 74.07% (See Table 5).

The therapists' use of self-praise $F (2,24) = 5.60$, $p = .01$ was found to significantly differ across the self-other differentiation groups. Post hoc analyses using the Least Significant Differences test showed that counselors in the low self-other differentiation group ($M = .92$, $SD = 1.98$) and the high self-other differentiation group ($M = 2.01$, $SD = 2.06$) had significantly less praising inner experiences than the medium self-other differentiation group ($M = 7.67$, $SD = 7.50$).

Inner Experiences and Cognitive and Affective Empathy

Counselors with higher degrees of empathic concern tended to have less awareness of the client's interpersonal situation ($r = -.41$, $p = .034$). Counselors with higher degrees of personal distress in reaction to others' emotions tended to have less corrective self-feedback inner experiences ($r = -.44$, $p = .023$). Counselors with a greater tendency to take on others' perspectives tended to focus on

the counseling relationship or process ($r = .50$, $p = .008$). Counselors with a greater tendency to transpose themselves into the feelings of fictional characters tended to have more hypothesizing about the client inner experiences ($r = .40$, $p = .038$).

Empathic Concern was tri-partitioned into low, medium, and high groups and a discriminant analysis was performed to further investigate its relationship to inner experiences. The Box's M test for homogeneity of variance was not significant. The analyses showed adequate separation among the groups with group centroids at .99, 1.10, and -1.52 respectively for low, medium, and high groups on Function 1. Six variables including therapists' tangential focus on self, therapists' focus on setting, therapists' awareness of the client's interpersonal situation, therapists' behavioral self-direction, therapists' level of criticism and therapists awareness of own emotions loaded onto Function 1 (see Table 6 for function loadings) which was significant and yielded a $\Lambda = .19$ and a $X^2 (12) = 38.86$, $p = .0003$, and had an Eigenvalue of 1.79. The Eigenvalue for Function 2 was less than 1 and therefore is not considered meaningful. Classification results for this analyses indicate an overall correct classification of 88.89% (See Table 7).

Using the F statistic, a significant difference was found between empathic concern level and therapists'

Table 6

Function Loadings on the First Function of Discriminant Analysis - Empathic Concern (EC)

Inner Experience Category	Function Loading
Therapist Tangential Focus on Self	1.14
Therapist Focus on the Setting	1.22
Therapist Awareness of the Client's Interpersonal Situation	1.35
Therapist Self-Direction - Behavior	.64
Therapist Self-Evaluation - Praise	.51
Therapist Self-Awareness - Emotions	.31

Table 7

Classification Results of Discriminant Analysis - Empathic Concern (EC)

Actual Group	No. of Cases	Predicted Low	Group Medium	Membership High
Low	9	7 77.8%	1 11.1%	1 11.1%
Medium	7	1 14.3%	6 85.7%	0 .0%
High	11	0 .0%	0 .0%	11 100.0%

Overall percent of "grouped" cases correctly classified:
88.89%

tangential focus on self $F(2,24) = 3.62, p = .04$. Post hoc analyses using the Least-significant Differences test showed that counselors in the medium empathic concern group ($M = 17.31, SD = 11.65$) had significantly more inner experiences that involved thoughts about themselves that were separate from the counseling situation than the high empathic concern group ($M = 6.13, SD = 5.74$). No other significant differences among the groups were found. Personal distress (or personal discomfort one experiences in reaction to other's emotions) was tri-partitioned into low, medium, and high groups to conduct a discriminant analysis that would provide information about its relationship to inner experiences. The Box's M test was significant indicating that the assumption of homogeneity of variance was violated in this data set.

Distinct separation was found among the groups with group centroid locations at 1.35, .22, and -1.33 respectively for low, medium and high groups on Function 1. Four variables including therapists's awareness of client's behaviors, therapist's focus on the relationship, therapists' cognitive self-direction, and therapists' corrective self-feedback loaded onto Function 1 (see Table 8) which was significant and yielded a $\Lambda = .31$ and a $\chi^2(8) = 26.12, p = .001$, and had an Eigenvalue of 1.22. The Eigenvalue for Function 2 was less than 1. Classification results for this analyses indicate an overall

Table 8

Function Loadings on the First Function of Discriminant Analysis - Personal Distress (PD)

Inner Experience Category	Function Loading
Therapist Awareness of Client - Behaviors	-.24
Focus on Relationship/Process	.95
Therapist Self-Direction - Cognitive	.68
Therapist Self-Evaluation - Corrective Self-Feedback	.83

Table 9

Classification Results of Discriminant Analysis - Personal Distress (PD)

Actual Group	No. of Cases	Predicted Group Membership		
		Low	Medium	High
Low	7	6	1	0
		85.7%	14.3%	.0%
Medium	11	2	7	2
		18.2%	63.6%	18.2%
High	9	0	1	8
		.0%	11.1%	88.9%
Overall percent of "grouped" cases correctly classified: 77.78%				

correct classification of 77.78% (See Table 9).

Using the F statistic, a significant difference between level of personal distress and use of corrective self-feedback $F(2,24) = 4.39, p = .02$ was found. Post hoc analyses using the Least-significant differences test showed that the counselors in the low ($M = 5.43, SD = 3.89$) and medium ($M = 5.54, SD = 3.97$) personal distress groups had significantly more corrective self-feedback inner experiences than counselors in the high personal distress group ($M = 1.42, SD = 1.70$).

Inner Experiences and the Client's Presenting Problem

The means on the inner experience categories by type of client's presenting problem are presented in Table 10 and appear to be similar for many categories, however some differences are evident. A multivariate analysis of variance was performed with the type of problem as the independent variable and the inner experience categories as dependent variables. No significant differences were found.

Table 10

Therapist Inner Experiences on Intrapersonal and Interpersonal Problems

Inner Experiences	<u>Interpersonal</u>		<u>Intrapersonal</u>	
	M	SD	M	SD
Therapist				
Self-Awareness				
Emotional	4.6	3.9	6.2	4.6
Cognitive	13.4	9.5	12.4	7.5
Behavioral	10.1	10.0	8.9	11.4
Therapist				
Self-Direction				
Emotional	0.0	0.0	0.0	0.0
Cognitive	1.7	3.5	.9	1.3
Behavioral	6.0	4.7	5.4	4.9
Therapist				
Self-Evaluation				
Praise	.5	1.1	.4	.7
Criticism	3.0	4.5	3.5	5.9
Corrective				
Self-Feedback	2.8	2.9	5.7	4.9
Therapist				
Awareness				
of the Client				
Emotional	8.1	6.1	9.8	7.0
Cognitive	4.3	3.6	6.2	6.4
Behavioral	7.8	5.8	6.2	5.2
Interpersonal	7.7	8.7	5.0	5.6
Hypothesizing				
about the Client	1.5	1.9	1.5	3.2
Therapist Evaluation				
of the Client	9.8	11.5	9.0	9.6
Focus on Setting-				
Situation	4.4	3.3	5.2	3.3
Focus on Relationship-				
Process	3.5	3.2	2.3	2.9
Tangential Focus				
Client	0.0	0.0	.2	.6
Therapist	10.3	10.0	10.5	10.4
Uncodable	.2	.7	0.0	0.0

CHAPTER V

DISCUSSION

This chapter summarizes and discusses the results of this study in the context of three main areas including: 1) comparisons to relevant literature and research; 2) countertransference issues; and 3) counselor training implications. A summary table of the relationship between inner experiences and the affective and cognitive variables will also be presented to facilitate discussion of these results. Additionally, limitations of the present study and areas for future research will be presented.

Inner Experiences

In terms of frequency, the largest categories of inner experiences used by the counselors were therapist self-awareness, therapist awareness of the client, therapist tangential focus on self and the evaluation of the client which accounted for nearly three-fourths of all the coded inner experiences. In comparing these findings to studies using similar methodologies, some parallel results are noted. As found in past studies (Borders et al., 1988; Morran, 1986; Rezek, 1994; and Susman et al., 1992), the majority of the novice counselor's inner experiences are not intentional in nature as suggested by Kivlighan and Angelone

(1991). These results also support a developmental description of counselors in which the first level is characterized by extreme self-focus and minimal insight concerning the client's issues. Furthermore, in the first level of development, the counselor typically shows awareness of the client's history, current situation or personality; however, conceptualizations are simple and may omit relevant information (Stoltenberg & Delworth, 1987).

The novice counselors are mostly aware of their own emotional, cognitive and behavioral experiences as well as the client's experiences. However at this stage in their development, it does not appear that they have translated this awareness into working hypotheses, summarizations, or self-instructions. In contrast, Morran et al., 1989 found that counselors of all experience levels predominantly used four self-talk categories including client-focused questions, summarizations, inferences for hypotheses, and self-instructions. Since Morran et al., 1989 did not distinguish among levels of experience, it is difficult to make a direct comparison between these studies. It seems, however, that novice counselors' thinking patterns are distinct from experienced counselors' and appear to predominantly consist of self-awareness or awareness of the client. Furthermore, Morran et al., 1989 did not ask the participants to list their feelings as they were working with the clients. The participants in this study were

required to list all thoughts and feelings during the recall procedure. Consequently, the occurrence of the inner experiences, therapist tangential focus on self, and therapist evaluation of the client, found in this study may be partly related to the inclusion of 'feelings' in the "think aloud" procedure employed in this study.

A direct comparison between this study and another study (Rezek, 1994) using the identical coding scale revealed some similar trends in inner experiences, but with some notable differences. Rezek (1994) found that novice counselors, near the end of their basic counseling skills course, had greater awareness of their clients (45%) than of their own experiences (16%). In contrast, in this study, the novice counselors had approximately equal levels of self-awareness (26%) and client awareness (27%). Another area of difference included the inner experiences involving counselor evaluation of the client and counselor-related tangential thoughts. In this study, both inner experiences, client evaluation (9%) and counselor-related tangential thoughts (11%) occurred with greater frequency than in the Rezek (1994) study (client evaluation - 4%; counselor-related tangential thoughts - 6%). One possible explanation for these differences could be linked to different techniques that were used to generate the inner experiences. In this study, counselors were asked to speak out loud their inner experiences while watching a videotape of their

session immediately following the role play. In contrast, the participants in Rezek's (1994) study wrote down their inner experiences up to three days after their role play. As a result, their recollections may be of a different content and quality. As time passes, the counselor may gain a deeper understanding of the client's issues that may be translated into written recollections that indicate greater awareness of the client. Additionally, participants may find it less cumbersome to verbally report a wider array of inner experiences than to write them out.

As shown in this study, the novice counselors tended to have inner experiences that were related to their own experiences outside the counseling setting. The presence of these inner experiences may be indicative of an emotional connection with the client's presenting problem or an affective response on a personal level to client material. An examination of countertransference literature may be helpful in understanding the occurrence of these inner experiences.

Watkins (1985) discusses the concept of countertransference and the different ways in which this is manifested by the counselor. As defined by Watkins (1985) identification "refers to the counselor's ability to identify or share with the clients in their experience". Overidentification or the loss of distance between the client and the counselor or enmeshment with the client are

forms of countertransference typically experienced by counselors. The novice counselor's tendency to have inner experiences that are centered on their own personal experiences that are similar to the clients' experiences may represent a form of overidentification. Stoltenberg & Delworth (1987) have also suggested that beginning counselors rely too heavily on their own idiosyncratic experiences and perceptions of the world, thus focusing on their life situations apart from the client or the counseling relationship. From the onset of training, it seems that counselors may experience some type of countertransference reaction to their clients, thus it seems relevant to address this phenomenon more directly and clearly in training programs. While many programs emphasize skill building and training, a component that addresses affective and personal reactions to the client's presenting problem seems equally important. Specifically, Watkins (1985) suggests that counselors increase their level of awareness of their personal thoughts, feelings, and behaviors in relation to the clients. As part of a training program or model, it may be useful to incorporate exercises that encourage and facilitate this self-awareness process for the beginning counselor.

Another predominant inner experience for novice counselors included evaluation of the client defined as a positive or negative opinion, value or judgment of the

client or people in the client's world. Inner experiences that have a clear critical tone were also included in this category. Another type of countertransference as outlined by Watkins (1985) includes hostile or rejecting countertransference that can be overt or covert in its expression. Inner experiences that are critical in nature or non-therapeutically evaluative may be representative of this phenomenon. These type of inner experiences may stem from dislike of the client or a fear of being personally affected by the counselee's disturbing behavior. Other authors have suggested that beginning counselors may also feel overwhelmed by the level of pathology (Friedlander et al., 1984) or may attribute too much pathology to the client (Stoltenberg & Delworth, 1987).

As beginning counselors are exposed to a range of problematic behaviors, symptoms, and client dilemmas, their emerging fears and the possibility of corresponding hostile or rejecting countertransference may also represent important areas of discussion in the training process. If these fears and behaviors (overt and covert) are not addressed, counselors may adopt ineffective or even harmful ways of coping. As suggested by this data and theory, it seems relevant and important to address these reactions and ways to cope effectively for both the client and the counselor within the context of a training program.

Inner Experiences and Conceptual Level

As indicated by the correlational results in this study, low conceptual level (CL) novice counselors tend to be more evaluative of their clients ($r = -.40$), tend to be less self-directive ($r = .45$), and tend to focus more on the client's interpersonal situation ($r = -.42$). The novice counselor's tendency to be evaluative is consistent with Bruch et al., (1982) who found that low CL subjects tended to use significantly more negative task statements in reaction to problematic situations. Furthermore, Bruch et al., (1982) suggested that low CL persons may have an expectation that they and others will respond negatively to the situation.

The development of counselor skills is a multi-step process and counselor's progress through these steps may be influenced by level of cognitive complexity. Counselors in the low CL group tend to have less self-directive inner experiences than those counselors in the high CL group. Counselors with higher conceptual levels tend to be more self-responsible which corresponds to inner experiences that are self-directive or action oriented in nature. The counselors in the high CL group may be more apt to develop an internal frame of reference that directs their behaviors in the counseling setting. Counselors with lower CL may not instinctively use this internal mechanism, thus it may need to be presented and reinforced in a training program.

Further exploration of the relationship between conceptual level and inner experiences (using a discriminant analysis) showed that a combination of therapist self-directive thoughts, therapist evaluative thoughts about the client, therapist awareness of the counseling setting and the counseling relationship were effective in discriminating between the high, medium, and low CL groups in this study. (See Table 11). Counselors in the high CL group tended to be more self-directive and less evaluative of their clients than counselors in the medium and low CL groups. The discriminating power of the variables - therapist awareness of the counseling setting and the counseling relationship - is less clear in this data set. However, those counselors in the medium and high CL groups tended to focus more on the relationship than those in the low CL group which corresponds to one principle of a person with a higher conceptual level which includes greater cognitive complexity. The ability to focus on the interactions between the client and the counselor or the relational aspects of counseling appears to be linked to higher cognitively complex abilities.

These results suggest that conceptual level or cognitive complexity and certain types of inner experiences may be linked. Holloway and Wampold (1986) found that individuals with higher CL performed better than lower CL individuals on counseling-related tasks in an environment

Table 11

Inner Experiences that Effectively Discriminated Among
Groups on Selected Affective and Cognitive Variables

<u>Inner Experiences</u>	<u>Cognitive/Affective Dimensions^a</u>			
	CL	MES	EC	PD
Therapist Self-Direction	*			
Therapist Evaluation of Client	*			
Therapist Awareness of the Setting	*		*	
Therapist Focus on the Rel.	*			*
Therapist Self-Praise		*		
Tangential Focus on the Client		*		
Hypothesize		*		
Therapist Awareness of the Client's Emotions		*		
Therapist Beh. Self-Direction			*	
Tangential Focus on Self			*	
Therapist Awareness of the Client's Interpersonal Sit.			*	
Therapist Self-Criticism			*	
Therapist Self-Awareness of Emotions			*	
Therapist Cog. Self-Direction				*
Therapist Corrective Self- Feedback				*
Therapist Awareness of the Client's Behavior				*

^aCL = Conceptual Level; MES = Maintenance of Emotional Separation; EC = Empathic Concern; PD = Personal Distress

that was not structured in a particular way. In contrast, in this same study, these authors found that no difference in performance on counseling-related tasks was found between the high and low CL groups when the results were collapsed over levels of environment (structured in contrast to not structured). It was found that low CL individuals performed better than high CL individuals in a more structured setting, while the high CL individuals performed better in a less structured environment than the low CL individuals. Novice counselors who differ in conceptual level may also differ in the quality of their inner experiences as suggested by the analysis in this study. Furthermore, as suggested by the Holloway and Wampold (1986) study, the type of structure provided in the training environment (which was not explored in this study) may also have an effect on the type and quality of inner experiences that occur for a beginning counselor.

Inner Experiences and Affective Variables

Affect Intensity

As indicated by the correlational data, those with higher AIM scores tended to have a greater awareness of their own behaviors in the session ($r = .39$) and tended to engage in more corrective self-feedback than those with lower AIM scores ($r = .41$). Larsen et al., (1987) found that high-AIM subjects tended to be more aware of their physical sensations in response to emotional stimuli than

low-AIM subjects which seems to correspond to the results of this study. In addition, the novice counselors in the high-AIM group tended to engage in more corrective self-feedback than the counselors in the low-AIM group. Flett et al., (1986) also found that those individuals with higher affect intensities tended to be more self-conscious. These authors suggest that an association between self-consciousness and affect intensity is indicative of a relationship between two traits and may represent a relatively stable and enduring aspect of the self. Thus, those novice counselors who have higher affect intensities and a greater propensity to engage in corrective self-feedback may be at an advantage in terms of learning counseling skills and developing reflective abilities. Counselors with lower affect intensities may need to receive more training and structure in developing this counseling skill or technique.

Finally, counselors with higher AIM scores tended to be less aware of the client's interpersonal situation ($r = -.40$). As indicated above, persons with higher AIM scores tend to be more self-conscious, thus high scoring AIM counselors may be less aware of their client, as they seem to have a heightened awareness of themselves. As a result, high AIM scorers may benefit from training techniques that involve expanding the counselor's awareness of the client.

Based on the findings of the Larsen et al., (1987) study a greater occurrence of significant relationships

between AIM scores and inner experiences would have been predicted. The small sample size of this study may have precluded the discrimination of inner experiences by AIM scores. On the other hand, a novice counselor's affect intensity may not be strongly linked to types of inner experiences.

Maintenance of Emotional Separation

Counselors with greater self-other differentiation were more likely to engage in self-direction on a behavioral level ($r = .39$) suggesting that they may be actively assessing and directing themselves to engage in counseling-related tasks or behaviors thereby keeping the self-other differentiation intact. In addition, these counselors do less hypothesizing about their clients ($r = -.58$) indicating that greater emotional separation or objectivity is not necessarily linked to a tendency to make more formulations about the client's concerns. In fact, in this study it was found that those counselors who tend to transpose themselves into the feelings of fictional characters have more hypothesizing inner experiences ($r = .40$). These findings suggest that some level of identification or emotional connection is necessary for generating hypotheses and/or formulations about the client. Thus, training exercises in which the counselor is instructed to identify another's feelings or make an emotional connection may be useful in advancing the counselor's ability to conceptualize about the

client's experiences.

Several inner experiences including therapists' use of hypotheses, therapists' awareness of the client's emotions, therapists' use of praise and therapists' tangential focus on the client combined to effectively predict membership in the high self-other differentiation group as determined by a discriminant analysis (See Table 11). As indicated above, those in the high self-other differentiation group tended to hypothesize less about their clients than those in the other two groups. This result suggests that some convergence between the counselor's and the client's emotional experience may be linked to the counselor's tendency to make formulations about the client.

At the same time, those counselors in the high self-other differentiation group had a greater degree of awareness of the client's emotional experience than the medium self-other differentiation group and approximately the same degree as those in the low self-other differentiation group. Thus at high and low levels of emotional separation, the counselors were more aware of the client's emotions. It is suggested that those in the high self-other differentiation group may have a more objective viewpoint of the client's emotions ("It's really frustrating to her, but it's just bothersome more right now") while those in the low self-other differentiation group may experience greater convergence of emotions ("He seemed very

nervous and that made it hard for me to keep him talking"). The data indicate that there may be a difference in the manner in which counselors attend to client's emotions based on their level of self-other differentiation; however, further research is necessary to corroborate this interpretation of the data.

Finally, counselors at a moderate level of self-other differentiation tended to praise themselves more than counselors at low or high levels of self-other differentiation. Additionally, those counselors in the low self-other differentiation group had tangential thoughts about the client while those in the moderate and high groups had none.

Empathic Concern

A significant negative correlation between level of empathic concern and awareness of the client's interpersonal situation was found in this study ($r = -.41$). Additionally, the results of a discriminant analysis suggested that a combination of inner experiences including the therapists' tangential focus on self, therapists' focus on the setting, therapists' awareness of the client's interpersonal situation, therapists' behavioral self-direction, therapists' critical self-evaluation, and therapists' awareness of emotions effectively discriminated between groups of high, medium and low empathic concern (See Table 11). Specifically, the counselors who had greater levels of

empathic concern tended to focus less on their own experiences separate from the counseling situation, the physical environment of the therapy situation, and the client's interpersonal situation. Moreover, counselors who had greater levels of empathic concern tended to be more critical of their performance.

Empathic concern has been shown to be strongly associated with a measure of selflessness and a concern for others (Davis, 1983a). In this study, counselors with higher levels of empathic concern were less likely to have inner experiences that were tangentially self-focused than those counselors with lower levels of empathic concern. Counselors with lower empathic concern scores may be more prone to self-based thoughts or concerns, thus possibly affecting their ability to attend to the client's needs.

Counselors in the high empathic concern group were more likely to be critical of their performance than counselors in the low group. Davis et al., (1987) showed that those persons with high dispositional empathic concern tended to have stronger negative affect reactions to film stimuli (including hostility, anxiety and depression) than persons in the low dispositional empathic concern group. Counselors with a high empathic concern level may have more self-critical inner experiences as part of a more global tendency to engage in stronger negative affective reactions. Furthermore, counselors in the high empathic concern group

experience high levels of compassion and concern for others, thus their high level of self-criticism may stem from a feelings of inadequacy and an inability to be helpful ("that was a bad response"; "I didn't help her at all and I did a lousy job").

A clear trend between empathic concern and awareness of the client's interpersonal situation was also detected with counselors in the high empathic concern group focusing less on the client's interpersonal situation, while a progressive increase in attention to the client's interpersonal situation from the mid to low empathic concern groups was found. It is unclear why counselors with high empathic concern would not be as attentive to the client's interpersonal situation as those in the low empathic concern group. Perhaps those in the high empathic concern group are more attentive to the intrapsychic concerns of the client, while those in the low empathic concern group are more attentive to the client's interpersonal dynamics. The low empathic concern group may find it less difficult to attend to the client's relations with others than to the client's immediate emotional, cognitive, or behavioral state. This is one explanation that could account for the observed pattern of results, although this can not be directly attributed to the data collected in this study.

Counselors in the high and low empathic concern groups tended to direct themselves to make changes in their

behavior more than the counselors in the medium level empathic concern group. An examination of these inner experiences by level of empathic concern indicates a qualitative difference in which the behavioral self-direction seems 'other' oriented in the high empathic group ("I wanted to catch everything she was saying"; "I'm trying to think about him and how that is") while it seems more 'self' oriented in the low empathic group ("I'm like, no, I can't say frustrating again, so I was searching for the, right there, for another word to use"; "When she is finished I'll ask her about what they said because I think that is important"). A review of the data suggests that there is a difference in the kind of behaviorally self-directed inner experiences that a counselor has according to level of empathic concern, however this will need further substantiation in a future study.

The relationship between therapists' focus on the setting and therapists' self-awareness of their emotions and level of empathic concern is less clear in this data set. An examination of the mean scores on these variables across empathic concern levels indicates no clear pattern. It is possible that the addition of these variables to the above constellation of inner experiences provides useful discriminating ability. None the less, the role of these variables in this analyses is not easily understood, thus further exploration is necessary.

Personal Distress

A significant negative correlation between personal distress level and therapist corrective self-feedback was indicated in this study ($r = -.44$). Moreover, a combination of inner experiences including the therapists' awareness of the client's behavior in session, therapists' use of corrective self-feedback, therapists' focus on the counseling relationship and therapists' cognitive self-direction effectively discriminated the low and high personal distress groups as indicated by the discriminant analysis procedure (See Table 11). Persons who experience higher levels of personal distress in reaction to others' emotions tend to be emotionally vulnerable, uncertain, and fearful (Davis, 1983a). Additionally, it has been found that a combination of high personal distress and the ability to easily escape a helping situation results in less helping behavior by that person (Batson, Duncan, Ackerman, Buckley, & Birch, 1981; Toi & Batson, 1982). Thus, those counselors who have higher personal distress scores may experience uncertainty and some level of anxiety as they listen to or counsel clients. As a result, counselors who experience lower levels of personal distress seem more able to engage in constructive inner experiences including corrective self-feedback, focusing on the counseling relationship, and engaging in cognitively oriented self-direction. In contrast, counselors who have higher levels of anxiety and

unease in tense interpersonal situations tend to focus more on the client's behavior than low personal distress counselors. Since counselors are unable to "escape" their role as helper in the relationship, they may choose to focus on the client's behaviors in the session as a way to cope with their anxiety and/or wish to end the session. This interpretation of the results seem consistent with the data, but due to the violation of the assumption of homogeneity of variance in the discriminant analysis, the results need to be viewed with caution and would need verification in future studies.

Perspective Taking

Counselors who have a tendency to spontaneously adopt the psychological point of view of others were much more likely to have inner experiences that focused on the relationship between the client and the counselor than the counselors who had lower perspective-taking tendencies ($r = .50$). Perspective-taking abilities have been found to be unrelated to emotional reactions, while they have been found to be associated with social functioning and social self-esteem (Davis, 1983b). Apparently, counselors with higher scores on the cognitive perspective-taking scale may be more inclined to attend to the interpersonal dynamics of the counseling relationship. The quality of the counselor-client relationship has generally been argued to be important in the outcome of therapeutic interventions across

theoretical perspectives (Gelso & Carter, 1985) suggesting that the ability to attend to the relationship is an important skill for all trainees to learn. Counselors who begin their training with higher levels of perspective-taking ability may have a greater tendency to focus on the relationship than counselors with lower levels of perspective-taking. Therefore, as part of the training process, these counselors could serve as role models for other trainees in class exercises in which the students are required to cognitively take on the perspective of the 'other' and to actively assess interpersonal dynamics in the counseling relationship.

Fantasy Scale

A significant positive correlation was found between the counselors' tendency to transpose themselves into the feelings of fictional characters and hypothesizing inner experiences ($r = .40$). In general, the novice counselors engaged in minimal levels of hypothesizing about the clients, yet those who tend to have a more active fantasy life were more inclined to make clinical formulations about the client. The tendency to adopt or understand the feelings of another appears to be related to having thoughts that involve making associations between client behaviors and emotional states or formulating a pattern or theme based on the client's presenting problem.

Summary of the Relationships Among Inner Experiences and Affective and Cognitive Dimensions

In summary, the results from this study suggest that a relationship exists between counselors' cognitive and affective styles and their inner experiences in a role-play situation. As shown in Table 11 combinations of particular inner experiences were able to discriminate among levels of different affective and cognitive counselor traits. Additionally, there is minimal overlap across inner experiences that discriminate among these groups suggesting that certain counselor affective and cognitive traits are related to certain inner experiences.

In general, the inner experiences used in the coding process appear to represent different dimensions of the counselor's experience including basic counseling skills, awareness/attending, self-feedback, higher order counseling skills, and countertransference issues. The four separate combinations of inner experiences that differentiated among levels of cognitive/affective traits appear to represent different facets of each of these dimensions. For example, conceptual level was differentiated successfully by therapist self-direction, therapist evaluation of the client, therapist awareness of the setting, and therapist focus on the relationship. It is suggested that therapist self-direction represents a basic counseling skill, therapist awareness of setting represents

awareness/attending, therapist evaluation of the client represents a countertransferential issue, and therapist focus on the relationship represents a higher order skill. Although the specific inner experiences that discriminated among cognitive/affective levels are different, the underlying dimensions appear to be quite similar. Both specific and global information concerning interactions among these variables could be quite useful in training programs.

The speculative nature of this summarization precludes any definitive conclusions. However, it does provide some evidence for the possibility of meaningful underlying dimensions that could be related to the inner experience categories. Hence, further analysis, such as a factor analysis, with a larger data set may provide useful information. Finally, additional research on the link between these inner experiences and affective and cognitive dimensions may provide more clarification on the nature of these connections.

Conducting role-plays in a classroom setting is a primary tool for training beginning counselors; thus, these results may be indicative of the novice counselors' experiences in their training programs. Using the data provided in this study, as well as similar studies, may be useful in the development or refinement of existing training and supervisory models to improve these techniques and meet

the divergent needs of novice counselors.

Inner Experiences and Client's Presenting Problem

Results of the present study indicated that the types of problem discussed by the help-seeker did not appear to influence the types of inner experiences that the novice counselors had. A trend in which novice counselors tended to have more corrective self-feedback inner experiences when working with intrapersonal problems than interpersonal problems was apparent. An examination of personal problem solving literature may provide useful information in understanding this trend.

Heppner, Hibell, Neal, Weinstein, & Rabinowitz (1982) assessed how undergraduates responded to interpersonal and intrapersonal problems employing a self-report measure of personal problem solving. The students rated themselves as more systematic, more confident, and less avoidant when dealing with intrapersonal problems, in contrast to interpersonal problems. If the help-seekers in this study had a similar style of dealing with an intrapersonal problem perhaps this stance influenced the counselor's reactions. Since the helpees may have been more confident in their ability to contend with their problems, the counselor may have reacted in an equally confident and constructive manner that could be indicated by greater levels of personal corrective self-feedback.

Limitations of the Study

Using a recently developed scale for categorizing the inner experiences of novice counselors, this study was able to further corroborate the mostly pre-intentional nature of novice counselors' inner experiences. Additionally, this study was able to link these inner experiences to several cognitive and affective variables. However, the lack of acceptable simple or adjusted inter-coder agreement generated by the use of this scale is problematic. Reliably coding verbatim transcriptions of cognitive processes is an arduous and difficult task as noted by several process researchers (Gelso, Hill, & Kivlighan, 1991; Genest & Turk, 1981; Hill & O'Grady, 1985). Hill & O'Grady (1985) point out that intentions are subjective, thus an outside judge's rating of intentions may represent an exercise in mind reading. Additionally, Genest & Turk (1981) noted that the use of smaller coding units and more discriminations (the Novice Therapist Pre-Intentional Coding Scale has 20 categories) by the judges can result in a decrease in reliability. Furthermore, using a clinically relevant measure (in contrast to a measure which assesses highly reliable observable behaviors) can lead to poor agreement, as well (Hill, 1982). In the training process for the coders of this study, each transcript presented new questions and challenges concerning code types. As indicated by the level of simple agreement across coders,

reaching and maintaining coding consistency across several novice counselors' inner experiences was difficult.

Possible solutions for these methodological concerns include training the raters for a longer period of time and/or revising the scale to improve its ability to be used consistently across transcripts.

Since exploration of novice counselors' inner experiences including both thoughts and feelings is in the early phase of development, a less structured method of accessing these covert processes was chosen. The "think-aloud" approach used in the recall portion of this study was chosen for several reasons including: 1) its potential to help understand counselor development; 2) its ability to provide data that is inaccessible through other forms of measurement (thus new, unanticipated data may emerge); and 3) its ability to provide clarification of idiosyncratic perceptions. However, several limitations are involved with this approach including: 1) incompleteness of thoughts; 2) reactions to environmental influence may emerge; 3) idiosyncratic nature of thoughts; 4) investigator bias in the interpretation of the data; and 5) the tendency of self-observations to be subject to distortions (Genest & Turk, 1981). Self-reports of cognitive processes should not be taken as causal explanations of behavior, however this technique allows a more complex examination of counselors' covert inner experiences than the more reliable measures

traditionally used to measure observable behavior.

The inclusion of feelings or affect in the self-report recall procedure represents a new development in the measurement of counselors' covert processes. As a result, the reliability of this technique is not proven. Young (1985) concluded that there is moderate reliability for video-taped assisted recall of affect by the "helpees" in a role-play situation. The reliability of the video-taped recall of affect by the counselor was not directly measured in this study so its measurement in future studies may be useful.

This study provides some evidence that inner experiences and affective and cognitive traits of novice counselors are significantly related. However, the magnitude of these relationships and the possible detection of other relationships was hindered by the relatively small sample size. In addition, the results are limited in their generalizability to novice counselors who have had a skills-based counseling course that emphasizes reflection and establishing an empathic stance with the client.

This study has taken an initial step in understanding the relationship between novice counselors' inner experiences and their affective and cognitive tendencies. However, the link between these variables and the quality of clinical performance as assessed by the teacher, supervisor, or observer was not explored. Assessing the novice

counselors' ability to perform certain skills would have provided a means for directly examining the relationship between skill acquisition and/or quality of clinical performance and the affective and cognitive traits of novice counselors.

The use of the Novice Therapist Pre-Intentional Coding Scale provides useful information about the types of covert processes that beginning counselors have. To make direct comparisons between novice and expert counselors' covert processes the addition of an intention category to this scale may provide further information about the similarities and/or differences of their respective thought patterns. As a result, more definitive statements about the counselor developmental process could be established and then verified in future research.

Recommendations for Future Research

As suggested by Holloway (1992), the need for studies that explore more complex trainee variables and their interaction is necessary for the development of effective supervisory methods, as well as training models. This study explored the interaction between novice counselors' covert processes and their cognitive and affective traits, thus taking a step toward further understanding of the trainee. Russell, Cummings, & Lent (1992) outlined the importance of exploring trainee X training X supervisor combinations to determine the most optimal supervision model for these

multiple factors. Future research that explores the relationship between trainee variables and different training techniques would be useful in making comparisons and studying potential interaction effects.

Many models of counselor development have been outlined in recent years (Loganbill et al., 1982; Stoltenberg, 1981) that employ a developmental stage perspective. A longitudinal study that assesses the interactions among skill level, covert processes, and trainee attributes would be useful in corroborating and refining existing models. Additionally, this type of study could be useful in conceptualizing normative rates of progress, as well as determining stages that may require more time for selected trainees (Russell et al., 1992).

APPENDIX A
DESCRIPTION OF THE STUDY

APPENDIX A

My name is Connie Martin and I am a Ph.D. candidate in the Counseling Psychology program. I am currently working on my dissertation and I am here today to ask for your help with my study. Last semester and this semester I have been an instructor for the Counseling Skills course which I have enjoyed a great deal. Based on my experiences working with novice counselors and my own training experiences I have developed an interest in the developmental process of counselors. I have done some work in this area with a research team at Loyola and I have decided to do my dissertation in this area.

The focus of this project is the inner experiences of novice counselors who are just beginning the learning process. Perhaps with better knowledge about how beginners think about clients and their own skill level more refined training programs could be developed. As part of your involvement in the Counseling Skills course you have conducted mini-sessions with clients that were videotaped and that you later transcribed. In addition you described associated inner experiences to your interventions.

As part of my research project I would be asking you to conduct a 15' videotape with a fellow student from another section of the Counseling Skills course in which you would be asked to respond to the person in the most helpful way you can. Immediately following this session you would watch

the videotape and relate the inner experiences for each intervention in the 15' tape. These responses would be audiotaped.

I am also interested in looking at the relationship between novice counselors' inner experiences and other cognitive and affective variables. In addition to the videotape, I would ask that you fill out a few measures. All materials will be supplied by me. I anticipate that the entire process will take 2-2 1/2 hours. I am conducting the study at the Water Tower campus on several Saturdays in May.

Being a part of the study presents an opportunity for you to gain further practice with your counseling skills. In addition, I would be willing to give each participant feedback on their work if you so choose.

APPENDIX B
PARAGRAPH COMPLETION METHOD

APPENDIX B

PARAGRAPH COMPLETION METHOD

On the following pages you will be asked to give your ideas about several topics. Try to write at least three sentences on each topic.

There are no right or wrong answers, so give your own ideas and opinions about each topic. Indicate the way you really feel about each topic, not the way others feel or the way you think you should feel.

You will have about 3 minutes for each page.

Please wait for the signal to go to a new page.

1. What I think about rules....

Try to write at least three sentences on this topic.

WAIT FOR SIGNAL TO TURN PAGE

2. When I am criticized....

Try to write at least three sentences on this topic.

WAIT FOR SIGNAL TO TURN PAGE

3. When someone does not agree with me....

Try to write at least three sentences on this topic.

WAIT FOR SIGNAL TO TURN PAGE

4. When I am not sure....

Try to write at least three sentences on this topic.

WAIT FOR SIGNAL TO TURN PAGE

5. When I am told what to do....

Try to write at least three sentences on this topic.

WAIT FOR SIGNAL TO TURN PAGE

APPENDIX C
INTERPERSONAL REACTIVITY INDEX

APPENDIX C

Davis Interpersonal Reactivity Index (IRI)

Respond to each of the following items by circling the appropriate number.

Please use the following scale:

- 0 = Does not describe me at all
- 1 = Does not describe me well
- 2 = Describes me somewhat
- 3 = Describes me well
- 4 = Describes me very well

1. When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

2. I really get involved with the feelings of the characters in a novel.

0	1	2	3	4
Does not describe			Describes me	
very well			very well	

- * 3. I am usually objective when I watch a movie or play, and I don't often get completely caught up in it.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

4. After seeing a play or movie, I have felt as though I were one of the characters.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

5. I daydream and fantasize, with some regularity, about things that might happen to me.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

- * 6. Becoming extremely involved in a good book or movie is somewhat rare for me.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

7. When I watch a good movie, I can very easily put myself in the place of a leading character.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

8. Before criticizing somebody, I try to imagine how I would feel if I were in their place.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

- * 9. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

10. I sometimes try to understand my friends better by imagining how things look from their perspective.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

11. I believe that there are two sides to every questions and try to look at them both.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

- * 12. I sometimes find it difficult to see things from the "other guy's" point of view.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

13. I try to look at everybody's side of a disagreement before I make a decision.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

14. When I'm upset at someone, I usually try to "put myself in his/her shoes" for a while.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

15. When I see someone being taken advantage of, I feel kind of protective toward them.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

- * 16. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

17. I often have tender, concerned feelings for people less fortunate than me.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

18. I would describe myself as a pretty soft-hearted person.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

- * 19. Sometimes I don't feel very sorry for other people when they are having problems.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

- * 20. Other people's misfortunes do not usually disturb me a great deal.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

21. I am often quite touched by things that I see happen.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

22. When I see someone who badly needs help in an emergency, I go to pieces.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

23. I sometimes feel helpless when I am in the middle of an emotional situation.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

24. In emergency situations, I feel apprehensive and ill-at-ease.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

- * 25. I am usually pretty effective in dealing with emergencies.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

26. Being in a tense emotional situation scares me.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

- * 27. When I see someone get hurt, I tend to remain calm.

0	1	2	3	4
Does not describe			Describes me	
me very well			very well	

28. I tend to lose control during emergencies.

0	1	2	3	4
Does not describe me very well			Describes me very well	

* Indicates items where scoring was reversed.

APPENDIX D
MAINTENANCE OF EMOTIONAL SEPARATION SCALE

APPENDIX D

Maintenance of Emotional Separation Scale

Please respond to these items by using the scale below each question.

- * 1. I often get so emotionally involved with my friends' problems that I lose sight of my own feelings.

Completely false
for me

Completely true
for me

1 2 3 4 5 6

- * 2. When I talk with a depressed person, I feel sad myself for quite some time after the conversation.

Completely false
for me

Completely true
for me

1 2 3 4 5 6

- * 3. Sometimes I get so involved in other people's feelings, I seem to lose sight of myself for awhile.

Completely false
for me

Completely true
for me

1 2 3 4 5 6

4. When friends describe an emotional problem, I am in touch with their feelings without becoming too emotionally involved.

Completely false
for me

Completely true
for me

1 2 3 4 5 6

- * 5. I usually take the problems of others home with me.

Completely false
for me

Completely true
for me

1 2 3 4 5 6

- * 6. After listening to a friend tell of a scary experience,
I have a difficult time studying or working.

Completely false
for me

Completely true
for me

1 2 3 4 5 6

7. When the worries experienced by my friends concern me,
I temporarily feel these worries but don't get upset
myself.

Completely false
for me

Completely true
for me

1 2 3 4 5 6

- * Indicates negatively directed items where scoring was
reversed.

APPENDIX E
DEMOGRAPHICS QUESTIONNAIRE

APPENDIX E

DEMOGRAPHIC QUESTIONNAIRE

1. Name _____
2. Age _____
3. Sex F _____ M _____
4. Race _____
5. In what program are you enrolled?
6. At what level are you in your program?
7. Have you had any counseling experience prior to taking this course? Y _____ N _____
 - A) If Yes, what type of counseling did you do?
 - B) For how long did you do this counseling?
 - C) Were you supervised during this counseling experience? Y _____ N _____
 - D) If Yes, indicate what kind of supervision it was and how frequently you met?
Individual _____ Group _____
Hours of supervision per week _____
 - E) If you were supervised did you use (check all that apply)?
audiotape _____
videotape _____
process notes _____
8. Have you had any courses or training in basic counseling skills prior to taking this class? Y _____ N _____
 - A) If yes, please list the type of course/training and duration.

APPENDIX F
NOVICE THERAPIST PRE-INTENTIONAL CODING SCALE

APPENDIX F

NOVICE THERAPIST PRE-INTENTIONAL CODING SCALE

FOCUS ON THERAPIST

Self-Awareness

Awareness or recognition of the therapist's within-session state; i. e. therapist's thoughts about therapist's own emotion, behavior, or cognition; usually in the present or past tense.

Inclusions:

- * States that are in progress and therefore not clearly present or future, including "trying", "working on", and states of readiness (i.e. I'm trying to ____; I'm working on ____; I was ready to ____).
- * Questions to self as a reflection on self-status (Why did I say that? When do I get to talk?).

Rules:

A. **Therapist questions to self:** Code as self-awareness

(1,2,3):

- * 1 if question re: emotional status (Why am I so nervous?);
- * 2 if question re: cognitive activity (What is keeping me from focusing?);
- * 3 if question re: behavioral activity (What response can I make?)

B. **Vague vs. specific rule:**

- * If the second verb is specific (make a reflection statement, tell her I understand) and therefore helps define the first verb, code according to second verb;
- * If the second verb is vague (say something, do something), code according to first verb.

C. **Therapist's repetition of client's words:**

- * If therapist is thinking about what the client just said by way of repeating the client's exact words, code as therapist's awareness that client said something, which would be 10a.
ex: client: "I feel funny around him."
therapist's thought: I feel funny around him.

1. **Emotional:** therapist's own emotional within session state, i.e. anxiety.

Inclusions:

* Worry, concern, bother

Rules:

D. **Therapist emotion:** should be directly stated by therapist; don't infer it.

Examples

*I'm all wound up.

*I'm nervous.

*I feel more relaxed.

*I feel as nervous as she does.

*I'm trying to relax; why am I so nervous?

*I'm starting to get a bit nervous.

*I was getting frustrated with my ineptness.

*I was frustrated.

*I was working on feeling more comfortable and relaxed.

*I felt comfortable.

*I was trying to relax.

*I was working on feeling comfortable.

*I'm a little anxious.

*I'm afraid to say the wrong thing.

*I am scared to address it.

*I was pretty nervous.

*I was a little nervous already.

*That scared me.

2. **Cognitive:** recognition of or thought/cognition about therapist's own within session cognitive state.

Inclusions:

* Conation words that may seem emotional, i.e. hope, want, desire, wish;

* "Understand", "focus", or "follow"

* Attention, concentration, memory

* Knowing/not knowing, sure/unsure, no idea;

* Confusion, doubt, suspicion.

Note: See Rule B.

* When a cognitive word precedes a behavior or affect word, the unit is coded as cognitive (2) if the behavioral or emotional verb is vague (not situationally specific, no specific target);

* If behavioral or emotional verb is specific, code as 1 or 3 (i.e. I was thinking about how nervous I felt).

Examples

- *I don't remember what I was going to say.
- *My mind is drifting.
- *I can't think of what to say.
- *This catches my attention.
- *I have no idea what to say or where to go.
- *I'm not following her.
- *Why don't I understand her?
- *I'm trying to focus on him.
- *I understand.
- *Because I was stuck.
- *I had a remote idea of how he was feeling.
- *I was having a hard time picking up on her feelings.
- *But that is what came to my mind.
- *I had some sort of mental block.
- *I had a hard time here.
- *I felt like I was half-way following him.
- *I was trying to concentrate.
- *I was working on focusing on my client.
- *Okay, I got that.
- *I forgot something.
- *That's what I wanted to say. (b/c therapist underlined "wanted").
- *I know that.
- *I wish I could question.
- *I don't know either.
- *I understand this completely.
- *Something? You lost me - - what?
- *I didn't know what to say or do. (b/c vague behavior)
- *I wasn't sure.
- *I can see how it was difficult. (b/c therapist's personal reaction)
- *I hope I can remember all this.
- *I'm getting back on track. (b/c meaning of verb is vague).
- *I hope I'm getting this right. (b/c meaning of verb is vague)
- *I can't remember what I was going to say.
- *I hope I do okay.
- *Okay, what's a good connection here?
- *I don't know what else it could be.
- *Here I debated between just allowing her to go on and further probing the uncomfortable feelings she was having.
- *I was not quite sure how to react appropriately. (b/c 2nd verb is vague)
- *I was concentrating on the client's words and feelings.
- *I found myself really focused in on her experiences.
- *I'm lost.
- *Lots of things are going through my head.
- *I knew what I wanted to say during a particular situation.
- *I'm just so confused.
- *Wondering if I'm on track or way off of it.
- *Still lost.
- *I hope I'm close.
- *What? I'm a little lost.
- *I can't think of the words I'm trying to express.

3. Behavioral: recognition of or thought/cognition about therapist's own within session behaviors or behavioral states, i.e. reference to body position, verbal behavior.

Examples

- *My legs are crossed
- *I hope I'm not letting her talk too much.
- *Why did I say that?
- *I was going to say something her like "It must be frustrating that the fathers caused fights between you and your husband"
- *So.. I stayed quiet.
- *But how do I tie this together? (see Rule A)
- *So the look of surprise came naturally.
- *So I took a chance that it was insulting.
- *I was struggling with how I wanted to say it.
- *I had a real hard time putting her feelings into words.
- *I resorted to guessing.
- *I kept on trying though.
- *But still digging.
- *Once again, I can't touch upon a specific feeling.
- *I couldn't identify any feelings. Why??!!
- *I was trying to have an open posture.
- *Working on the sitting position again.
- *How can I put this into a level 5 response?
- *I said this the last time.
- *Why did you put your hand under your chin? (See Rule A)
- *When do I say something? (See Rule A)
- *What do I say? (See Rule A)
- *I wasn't too concerned about cutting in. (see rule B)
- *I wanted to work with him some more. (see Rule B)
- *I was interested about listening to her story.
- *I wonder if this sounds phony. (see Rule B)
- *I hope I didn't distract her. (see Rule B)
- *Okay paraphrase.
- *What am I supposed to say?
- *I have no idea what to say to her. (see Rule B)
- *What am I going to say to her?
- *I don;t even think I said that intentionally.
- *I asked for clarification.
- *At this point I was ready to say something.
- *I guess I was trying to stress positive things about her.
- *Okay, so what am I supposed to do?
- *How do I sum all this up?

Self Direction

Therapist's internal self-direction to initiate a new, specific action within the session; likely to focus on the immediate future, but not necessarily; likely to be focused on intervention planning and self-corrective behavior;

Inclusions:

- * An order to the self with no pronoun;
- * Many statements that begin with "I need to ...", "I want to...", "I should...."

Rules:

E. Therapist "needs":

- * A "need" to do something, which also can be read as "I should" do something, is distinguished from a "need" to get something from an external source (i.e. I need more information) and should be considered a Self-direction;
- * Code as 4 if expressed as a need to do something emotional (i.e. I need to relax), a 5 if expressed as a need to do something cognitive (i.e. I need to concentrate), a 6 if expressed as a need to do something behavioral (i.e. I need to interrupt);
- * "Needs" not fitting this criteria (i.e. I need more information) should be coded as self-awareness (1,2,3).

F. Awareness (1,2,3) vs. self-direction (4,5,6):

- * Code as self-direction if therapist has made an internal choice or decision to initiate a new, specific action within the session.
- * A clear decision is indicated by commands to self or by words such as need to, going to, want to...
- * No clear decision is indicated by words like trying to, working on, ready to, thinking about, debating whether....all of which indicate a pre-decision or pre-directional state.

4. **Emotional:** self-direction to initiate a new emotional state.

Examples

*Don't be so nervous.
 *Don't be so anxious.
 *Try to relax.
 *Get comfortable.
 *I need to relax and really get into this.
 *Okay, relax.

5. **Cognitive:** direction to self to initiate a new cognitive state, i.e. re: attention, concentration, thought processes

Inclusions:

*Focusing and following

Examples

*Stop thinking about yourself.
 *Pay attention.
 *I need to concentrate.
 *Focus on the client.
 *Get back to_____. (see Rule B)
 *I need to concentrate.
 *Think empathic.

6. **Behavioral:** direction to self to perform or initiate a new overt behavior, i.e. regarding body position, verbal behavior, use of counseling skills.

Examples

*I need to get some basic information.
 *I want to find out more about this now.
 *Okay, listen.
 *I'll ask about this later.
 *I will reflect that next.
 *I should uncross my legs.
 *I better end now.
 *I need to look comfortable.
 *Let's really listen here.
 *Show her that I'm interested.
 *Attempt a level 5.
 *Just listen and clarify later.
 *Let her talk.
 *Stop saying good.
 *Get the feeling. (see Rule B)
 *I guess I should touch on both.
 *I have to say something about her need for belongingness.
 *Listen carefully to catch all this.
 *I really felt I had to respond to that intensity.
 *I need the right intensity, not cold or over-warm.

Self-Evaluation

Encompasses therapist's evaluation of self and within session behaviors or skills along a continuum that includes criticism, self-corrective feedback, and praise, all of which are more strongly evaluative than simple self-awareness.

Inclusions:

- * One word adjectives or expletives (i.e. "good" or "s---") without a clear self-reference that should be coded under 7a or 7b.

- 7a. **Criticism:** thoughts that clearly are harsh criticism, judgmental, self-deprecating or when therapist attacks personal self vs. evaluates their behavior; these are thoughts that are not productive or indicative of matured therapeutic skills, and are not useful in guiding future behavior.

Inclusions:

- * Words that universally have a negative connotation, i.e. babbling

Examples

- *That was a bad response. (b/c of use of word "bad")
- *I was completely disappointed with myself.
- *I didn't help her at all and I did a lousy job.
- *This sucked!
- *That sounded dumb!
- *Dumb!
- *Just babbling.

- 7b. **Praise:** thoughts that clearly are complimentary and that reflect positive self-feedback, a pat on the back or are celebrative.

Examples

- *Good!
- *Good start
- *That was a nice level 5 response
- *I hit on that anger feeling.
- *I clicked somewhat here.
- *Okay, good start.
- *Good level 3.

- 7c. **Corrective Self-feedback:** thoughts that reflect awareness of behavior plus subtle implication that therapist wants to do it differently next time, and thus the thoughts are productive in that they can guide future behavior; represents monitoring of behavior; therapist evaluates their behavior vs. their personal self.

Examples

- *I'm a little off on my thoughts.
- *That's not what I wanted to say.
- *I didn't like that last part.
- *That didn't come out right.
- *I wanted to say that differently.
- *That was an understatement.
- *"easy"; this isn't really what I meant to say.
- *But it's not really what I want to say.
- *Okay, yes, but not a level 5.
- *But I was still off.
- *Not necessarily on the mark.
- *I knew I was not completely right about "torn"
- *I'm a little bit closer here.
- *Too analytical looking.
- *Oops, a question.
- *It definitely did not come out right.
- *There's a lot of vagueness here.
- *Wrong word.
- *I really haven't been able to do anything for her.
- *I should've said family.
- *But I thought I was trying for 4's and 5's.

FOCUS ON CLIENT

Awareness of Client

General awareness or observation of client's state, both in- and out-of-session that is primarily observational (i.e. a simple reflection of what the client has already shown, shared or said) vs. inferential.

Inclusions:

- * Statements that begin with reference to therapist that are verbalisms ("I wonder if she" or "I think he")

Rules:

G. Questions re: client:

- * Code as awareness of Client
- * 8 if question re: client emotion (What is he feeling?)
- * 9 if questions re: client cognition (What decision is he trying to make?)
- * 10a if questions re: client behavior (How long is he going to talk?)
- * 10b if question re: client status that isn't re: emotion, cognition, behavior (re: client's interpersonal relationships, factual information, etc.) -- see examples for this category

H. Client "needs":

- * Code as 9 if need is unspecified (He has a strong need in this area)
- * If specified, code as 8 for emotional need (He needs to feel confident), 9 for cognitive need (He needs to make a decision), 10a for behavioral need (He needs to write his paper), 10b for an interpersonal need (He needs to please others).

8. Emotional: therapist's awareness of client's emotions.

Inclusions:

- * Need specified as emotional
- * Anxiety, worry, concern, bother

Examples

- *She seems angry.
- *I think he is bothered.
- *He must be scared to start his job.

Examples (cont.)

- *I wish he wasn't so anxious.
- *Guilty.
- *Yeah, feeling a little guilty.
- *She really doesn't seem upset.
- *Angry.
- *I felt pride from her.
- *So he was not expressing concern.
- *In fact, I felt like she was dissatisfied with me.
- *She wasn't under pressure.
- *Apprehensive, that's it.
- *She sounds sensitive.
- *There's the guilty feeling.
- *Relaxed, that's it.
- *Sounds confident.
- *Does he know how it feels to be made fun of? (see Rule G)
- *What are the feelings?
- *Where are the feelings?
- *God, she is so upset and lonely.
- *What do I connect with how lonely she is?
- *These are some pretty deep feelings.
- *She is very upset.
- *I could tell that was not the feeling by her hesitance.
- *I sensed insecurity and fear.
- *She felt betrayed.
- *She was really angry at this point.
- *Still angry here.
- *Client got really upset here.
- *I sensed a lot of anger and resentment toward her father.
- *Maybe feeling a little guilty.
- *Feeling a little uncomfortable.
- *Feeling a little conflict.
- *He admires the brother that has stayed Jewish Orthodox.
- *It may not be urgent but you sound frustrated.
- *He sounds a little distressed.
- *Maybe she's feeling competitive with her sisters.
- *I could tell she would be upset by that type of comment.

9. Cognitive: therapist's awareness of client's cognitive state.

Inclusions:

- * Client's hope, want, desire, wish
- * Focus, follow, attention, memory, concentration
- * Client's "issues" as cognitive state
- * Unspecified need (if specific, code accordingly as 8, 9, or 10a)
- * Doubt, uncertainty, suspicion

Note: Refer to vague vs. specific Rule B

Examples

- *She wishes that didn't happen.
- *I don't think he's following me.
- *The equality issue is important to her.
- *That equality issue again.
- *Female-equality issue.
- *Equality issue again.
- *I sensed that equality was really important.
- *And I think she could sense it.
- *She's unsure.
- *She sees it as natural.
- *Why does she need this? (See Rule H)
- *She's doubtful and suspicious.
- *Trying to justify to himself why he hasn't dated Jewish girls.
- *He keeps focusing on others.
- *He's trying to rationalize.
- *He's trying to justify why religion is important to him.
- *A focus on others with little attention on "I".

10a. Behavioral: therapist's awareness of client's behavior or behavioral state.

Note: Refer to Rule C.

- *If therapist is thinking about what the client just said by way of repeating the client's exact words, code as therapist's awareness that client said something, which would be 10a.

Examples

- *She's talking fast.
- *He really yelled at his wife yesterday.
- *I realized that this was when she switched from her story to inner feelings about the story.
- *She'll let me know.
- *Will she go on?
- *Come on, tell me more. (b/c re: client behavior)
- *Keep talking. (b/c re: client behavior)
- *She's trying so hard not to laugh.
- *Why does she keep nodding at me?
- *Feedback ("she's giving me feedback" is implied)
- *I feel like she is going to say something bad happened.
- *There is the "but"
- *It seems like she really needs to get this out. (see Rule H)
- *She really picked up on family.
- *She has mentioned it many times.
- *I think she really needs to talk about this issue more. (See Rule H).
- *She said beforehand "are you ready for this?"
- *She needed to vent that. (see Rule H)
- *She mentioned a nephew and a daughter.

Examples (cont.)

- *Her eyes were filling with tears.
- *I thought she was talking about herself.
- *It seemed that she was contradicting herself.
- *She tries to sound as if she were objective about it.
- *She keeps switching.
- *What did it mean?
- *Your "turn to work with her." (See Rule C)

- 10b. **Client Situational/Interpersonal Status:** observations or questions/wonderings about the client's life that are relevant to the issues being presented by the client, but don't fit under categories 8, 9, & 10a because they are not an observation of client's emotion, cognition, or behavior; also don't fit under category 11 because thought is more specific and fact-based rather than broad and inferential; interpersonal includes other people and interpersonal situations (i.e. job)

Examples

- *Is this the old or new job?
- *He has an issue with women.
- *He has a need to please others.
- *She's not a child.
- *Difficult--yea, it must have been.
- *Her husband treats her poorly.
- *They're not fighting.
- *Does she tell them that their pestering bothers her?
- *So what's the real problem?
- *Anything like what? (see Rule G)
- *Her coming to you for help or putting herself down?
- *It seemed strange to me that the wife was so friendly.
- *This is a really big thing.
- *She must be pretty close with the family.
- *Feels need to please mom. (see Rule H)
- *A need to please others. (see Rule H)

Hypothesizing/Formulating

11. **Hypothesizing/Formulating:** therapist's higher-order thoughts about client that are inferential and go clearly beyond the client's awareness to reflect patterns or underlying issues not clearly stated by or known to client; thought represents integrative understanding, summarization, association; not simply observational -- observational + inferential; content + affect.

Rules:

- I. Code 11 is reserved for hypothesizing about client's latent, more broad problems and underlying issues.

I. (cont.)

- * Inferences about what client has not said
- * Expressed as feelings connected to content
- * Exploration of client behavior based on underlying intrapsychic issues or emotions
- * Unit may be difficult to code because a mixture of codes are involved (i.e. 8, 9, 10a, 10b).

Examples

- *He doesn't want to take the class because he's afraid to open up. He's angry because he allowed himself to be pressured into doing something he doesn't want to do.
- *But then the fight between she and Paul didn't seem to be as important because she said and blabla.
- *I thought she felt very strongly about it that she probably was a bit insulted along with the anger she felt with her father-in-law.
- *I wondered if her father-in-law by helping and being nice if he tried to put a guilt trip on her and that added to her anger.
- *There are a couple of things here -- deciding between the old and new job, and there's something else.
- *Worried about how it reflects on her own self-image.
- *Being lonely must be a significant issue for her.
- *She is having a hard time letting go of him and his family.
- *Her nonverbal behavior exhibits anxiety and unhappiness about her parents' separation.
- *It must bother him or he wouldn't have brought it up and kept talking about it.
- *He's confronted with a situation and he's going to have to make a decision that can't please everyone.
- *Sounds like there's some resentment towards his mother; a little angry for having to play the game and for his mother setting the boundaries as far as when to be Jewish and when not.
- *So religion is important to him.
- *I could tell that the whole equality issue and not being underestimated or taken seriously because she was a woman was a real issue for her.

Client Evaluation

12. Client evaluation: evaluative thought re: client or people in client's world, that reflects the therapist's own opinion, value, judgment, and that wouldn't necessarily be therapeutic or helpful for the client and therefore may not be verbalized; ask yourself, "would this be sharing a personal opinion if verbalized?"

Inclusions:

- * Negative or positive evaluation
- * Statements that have clear implied criticism about the client.

Rules:

- J. Code #12 is used for thoughts that represent the therapist's personal reaction (opinion, judgment, value) -- either positive or negative -- to the client or to someone in the client's world (i.e. spouse, family, friends, boss)
- * Ask yourself, "If verbalized, would this be sharing an opinion to the client?"
 - * This code supersedes other codes that might fit as well, such as 15 and 16

Examples

- *I can't believe she quit her job.
- *Her personality doesn't match her career.
- *He (client) really treats her poorly.
- *She made a bad choice.
- *That's good that she wants to be considered an equal.
- *Her friends don't sound nice.
- *Equal- that's important.
- *All she's doing is complaining.
- *Okay, so you started it.
- *But you did start it.
- *Be quiet, _____, enough!
- *So what!?
- *Okay, enough.
- *So is she less responsible than you?
- *That was a big step.
- *I was surprised that she considered her stepmom's defense as weird.
- *When are you going to stop talking?
- *More factors! UGH!

FOCUS ON SESSION

13. **Setting/Situation:** thoughts that refer to or reflect evaluation or awareness of the therapy situation, usually the physical environment; any reference to physical situation or parameters (i.e. time) supersedes reference to anything else.

Inclusions:

- * Reference to time, camera, chairs, session being over

Rules:

- K. Any reference to physical environment or parameters of class/role play situation; this supersedes any other relevant codes.

Examples

- *The time went so fast this time.
- *These chairs aren't comfortable
- *This set-up isn't conducive to doing therapy.
- *I feel uncomfortable in these chairs.
- *I'm relieved it's over.
- *I always feel so uncomfortable sitting in those chairs.
- *Okay, time's up.
- *Wrap it up? (b/c reference to time)
- *I am glad it's over.
- *Relief -- it's over.
- *It went so much faster this time.
- *I was a little disappointed that the time was up.

14. **Relationship/Process** - thoughts that refer to the interaction between therapist and client, or reference to the therapeutic process as a whole; usually neither client nor therapist is static or unaffected, and one's state is dependent on the other's; i.e. I felt uncomfortable when she snapped at me (14) vs. I felt uncomfortable with her (1), vs. She snapped at me (10).

Inclusions:

- * References to process-as-whole as "this"
- * References to "I" and "she/he", or "we"

Examples

- *This will be hard.
- *This isn't going like I think it should
- *This is a start.
- *We're off to a slow start.
- *She misunderstood what I said.
- *We keep interrupting each other.

Examples (cont.)

- *She ended up dealing with other feelings as a result of my mistake
- *What I said enabled her to express herself more.
- *Where is this leading? ("this" refers to process)
- *I realized it was okay to let the client tell their story to establish the basis for their feelings.
- *We've got to concentrate.
- *I don't know if I can handle her reaction.
- *The more she talked, the more lost I became.
- *It's hard.
- *Just as I think I know what she's saying, she changes.
- *Is this a general concern addressing me as the counselor or is he worried about talking about religion b/c of of what I discussed today as the client?
- *Okay, we are finally to the problem
- *We're just getting to the issues after all those facts.

TANGENTIAL FOCUS

Thoughts that are blatantly tangential to the here-and-now focus of the session or to what the client is discussing, and that represent a shift or distraction from the client's experience/perspective.

15. **Pertaining to Client:** thoughts broadly related to the client that are blatantly tangential to the client's here-and-now focus.

Inclusions:

- * Client
- * Someone in client's life

Examples

Client: "I'm so angry at my father for making me get a job"

Therapist:

- *I wonder what her father does for a living.
- *I wish I knew how many siblings he has.
- *He should just work in a restaurant.

16. **Pertaining to Therapist:** therapist's thoughts about self that are tangential to the client's immediate here-and-now focus.

Inclusions:

- * Neutral topics/general statements about the general public.

Examples

- *I've been in that situation before.
- *I like having choices, too.
- *I know what I'd do in that situation.
- *I like being in a position like this.
- *I guess I'd be like that too.
- *God, it really suck to feel like this.
- *I had never counseled a client who got so emotionally involved.
- *Something that I have never experienced yet.
- *I agree.
- *I think it's harder these days to stay traditional orthodox.

17. Uncodable : use sparingly and only after deliberation!!**Inclusions:**

- * One word units
- * Units with no verb and where no verb can be easily implied

Examples

*Help! (no verb easily implied)

*Yeah, thank God!

APPENDIX G
DESCRIPTION OF PROBLEM TYPE AS GIVEN TO "CLIENT"

APPENDIX G
DESCRIPTION OF PROBLEM TYPE AS
GIVEN TO "CLIENT"

INTERPERSONAL PROBLEMS

PLEASE DISCUSS AN INTERPERSONAL PROBLEM WITH THE COUNSELOR. INTERPERSONAL PROBLEMS ARE CONCERNED WITH YOU AND ANY OTHER PERSON IN YOUR LIFE (FAMILY MEMBER, FRIEND, PEER, BOSS, ETC.). THEY MAY INVOLVE CONFLICT OR YOU MAY JUST WANT TO IMPROVE THE RELATIONSHIP.

INTRAPERSONAL PROBLEM

PLEASE DISCUSS AN INTRAPERSONAL PROBLEM WITH THE COUNSELOR. INTRAPERSONAL PROBLEMS ARE MORE FOCUSED ON YOU, APART FROM OTHERS. THEY MAY INVOLVE WANTING TO EXPLORE, UNDERSTAND, CHANGE, AND/OR ACCEPT A PART OF YOURSELF THAT IS PROBLEMATIC (E.G. PROCRASTINATION, LONELINESS, STUBBORNNESS, SHYNESS, ETC.).

APPENDIX H
INSTRUCTIONS FOR VIDEOTAPE RECALL PROCEDURE

APPENDIX H

INSTRUCTIONS FOR RECALL PROCEDURE USING THE VIDEOTAPE

I'd like you to relive the session as you watch the videotape and think aloud using the present tense to describe what you were thinking and feeling as you counseled. Please report all in-session thoughts and feelings regardless of their origin or apparent non-relevance to the counseling task. Please stop the videotape after each counseling intervention and think aloud your thoughts and feelings at that moment. In addition, please stop the tape during client dialogue as you recall any thoughts or feelings you were having while the client was speaking. Please complete this process for the whole videotape.

APPENDIX I
VOLUNTARY CONSENT FORM

APPENDIX I

VOLUNTARY CONSENT FORM

1. I have volunteered to be a participant in the counselor development project coordinated by Connie Martin from the Department of Counseling and Educational Psychology.
2. I have been informed in advance that my participation will include the completion of (a) questionnaires that assess my thinking patterns and affective style, (b) one videotape in which I will act as a counselor in a role-play situation with a client, (c) a procedure in which I will view the videotape and list the thoughts and feelings I was having while conducting the counseling session. I understand that the specific materials to be used including videotapes, audiotapes, and questionnaires will become part of the data in their entirety. I understand I can direct any questions about the procedures and questionnaires to Connie Martin or other experimenter.
3. I understand that there are no anticipated risks associated with participating in this study and that my materials and responses in this research will be kept confidential.
4. I have been informed and understand that my participation in this study is voluntary.
5. I am aware that I have the right to withdraw from this research project at any time.
6. My signature below indicates I agree to participate in the project as outlined in this voluntary consent form.

Signature_____ Date_____

APPENDIX J
EXAMPLE UNITS

APPENDIX J

Training Examples for Unitizing Coders

#1

Um, what I was thinking was, I wanted to make sure I caught everything the client was saying. During that first exchange she had a lot to say and um I don't know I was hoping that I was able to reflect everything she said. I think I missed some part of what she was saying.

#2

At this point, I wanted to focus on the feelings that she was feeling. Because of not being at home I was wondering if she was getting some conflicting messages from her parents about what she should do. It also sounded like she might be feeling angry for the responsibility that her parents were placing on her and I wanted to focus on that somewhat.

#3

I felt so dumb, I mean I was trying to I knew what I wanted to say, but I wasn't sure how to say it. There was probably some anxiousness there about how to express what I was trying to say about the tension that I hear her telling me about so I don't know I wasn't sure how to get that across to her.

#4

I think that she feels really responsible for what is happening in her family and that this is the most salient issue for her. I mean why she feels responsible is because she is the person in her family who takes this role and part of her feels angry about this.

#5

I was trying to decide when to when to interrupt the client. I wanted to let her know that I was with her by shaking my head and I wanted to summarize everything she had already said and I wanted to make sure that I didn't miss anything.

#6

I'm afraid that I'm leading her now and not giving her the options to direct the session in the way that she wants to go. I am trying to get her to dig a bit deeper into what is going on because it seems that she is talking about something more than having difficulty with her class

schedule.

#7

You know, this part here really reminded me of what happened in my family and I was thinking about how hard it was for me to handle a similar situation in my family and so that was one of the first things that I thought of. What came up for me was some of my own sadness when I had to handle this situation. I was aware of issues with my own boundaries and how I had some trouble navigating those with my dad and my sisters.

#8

I get from this part of the session that she is having trouble separating from her parents and feeling okay about doing so. It seems that the client and her parents have different expectations from the relationship and she is having trouble with how to work things through. The client is not able to let things go like her mother is able to and so the client is trying to establish her own individuality and more to a deeper level. I am trying to help her process this from a deeper level and allow her to see several manifestations of the problem.

#9

Right now, I hear some downplaying of the situation at home and I'm thinking that she is not really ready to assess the situation. She keeps saying that if the frequency of these disagreements in the family lessened then things would be better, but I'm wondering if this is really right. I don't think she is quite there, it seems that she is not ready to assert her independence more fully, but she is not quite there and so this is what is going through my mind right now.

#10

I've kind of already reflected everything that she has said so I'm just kind of waiting for her to give me more information so I'm just trying to be supportive as she talks about things. She seems to be waiting for me to take the lead so I try to ask her a question without leading her anywhere or making any implications about the material.

#11

The last few responses I have made are shorter b/c the session is coming to a close and I felt like I had conveyed everything that I needed to her. I also wanted to be supportive of her and let her know that I thought she was doing the best that she could and I thought that she was handling the situation the best way that she could.

#12

Now I was feeling really bad that she was not able to make the phone call to her sooner than she did and I can tell that she feeling upset about it.

#13

I felt like I wanted him to talk about her sister's accident, but I got him off the track by talking about the roommate problems. But I was thinking that if she really wanted to talk about the sister then she would do that herself, but I'm not really sure of that.

#14

It seems like we are really having a hard time here and I'm wondering how much time is left as I'm really unsure what to say or how to keep the session going or what direct to push the session. It just seems like he is so nervous and that he has very little to say.

#15

I'm thinking that I look genuine and the this is coming across to the client, but I'm also wondering about some of my body positions. I want to appear genuine, but I feel a little uncomfortable in this position so I'm trying to figure out how to sit in a more natural way.

#16

I think that there is really more to what is happening in this relationship than just not having similar political views. I think there is something more but I'm not sure what it is and I'm going to let her keep talking to see where this goes.

#17

This is really like my friend Jamie who tends to think the same way about women in relationships. He wants to be close to them in relationships but then he starts to feel intimidated so then he usually drifts from the person.

#18

I'm really identifying with what she is saying because I tend to be the same way - I tend to have a hard time being assertive with people as well. I feel like I could really identify with what she was saying and I think that is important as a way to empathize with her, but I want to be careful not to become caught up in my own experiences so that I can't focus on her specific situation.

#19

I wonder if she is agreeing with me just to make me feel better about myself.

#20

There are so many things going on in the session and I want to make sure that I cover all the major areas and so I'm trying to think of them all before I forget them. They are all kind of circulating around in my head so I am trying to sort them out, but I think the major areas are her decision to quit the team, the status of her relationship with the coach and how to adjust to this change in her life.

#21

It hurts me when I see someone who has so much potential be unaware of their potential so I wanted her to see this. There are so many people who do not have all of these things going for them and I wanted her to see that she does have a lot going for her and that she is able to contribute in a positive way. I wanted her to see that she shouldn't take these things for granted and that she could use these strengths to her advantage.

#22

It sounds like she really is enjoying several aspects of her life and I'm thinking that this is a good thing. At the same time it seems like there is a void there and that maybe there is something else that she is looking for and that she is having trouble figuring out what is missing.

#23

I am wondering how much she is willing to let this thing go with her mom because it seems like this situation is really affecting her life in other ways so it seems important for her to be able to do something else but it is not entirely clear what she can do.

#24

So there really is a close relationship with her mother so she is having trouble with being assertive and getting what she needs in the relationship. I am wondering if she will be able to stand up to her mother so to speak. I am also wondering how she could do this and feel okay about it and not feel like she is letting her mom down or feel guilty herself for saying something to her.

APPENDIX K
PROBLEM TYPE RULES

APPENDIX K

Guidelines for differentiating between Inter and Intra personal problems.

1. Identify the predominant issue(s) that the client is talking about.
2. Issues or concerns may spin off the main conflict as presented by the client, but try to code the main conflict only.
3. Try to stick to the clients's topic of choice versus what might seem most relevant (as a counselor) to address.
4. Look for these types of phrases to identify main problem areas.

"Big issue..."

"problem that I have..."

"biggest worry right now..."

Intrapsychic concerns - Examples

Procrastination

Coping abilities

Guilt/Unresolved feelings

Lack of assertiveness - setting limits

Self-image concerns

Identity concerns

Loneliness

Intimacy issues

Dependency issues - high need to be needed

Shyness

Being hard on self - perfectionistic

More vague dissatisfaction with several relationships without an emphasis on specific conflicts

Interpersonal concerns - Examples

Value differences that affect the relationship

Worry or insecurity about the status of the relationship

Client discusses new ways of handling conflict in their relationships - problem-solving

Confrontation in the context of a relationship - inability to confront

Conflicts with friends/classmates/co-workers

Concerns in the work setting that are relationship-based

Money issues with family members

Long-standing family conflicts

Balancing work relationships on a personal and professional basis

Specific conflict with another person and a desire to make a change

Separation/Individuation

Interpersonal ----> emphasis on changing the relationship with parents

Intrapersonal ----> emphasis on wanting to be more independent and feeling comfortable with new role---> ego development

APPENDIX L

COPIES OF WRITTEN CONSENT TO USE AND REPLICATE INSTRUMENTS

APPENDIX L

COPIES OF WRITTEN CONSENT TO USE AND REPLICATE INSTRUMENTS
Portland State University

MEMORANDUM

October 19, 1994

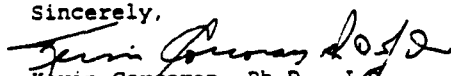
Connie Martin
6148 N. Tripp
Chicago
IL 60646

Dear Ms. Martin:

This letter grants you permission to use, duplicate and reproduce the Maintenance of Emotional Separation scale for your dissertation studies. You have my permission to reproduce it in the final product of your dissertation, as well as any publications which might result from your studies. This is not a one time permission. You may use it whenever you wish.

Best of luck with the completion of your degree.

Sincerely,


Kevin Corcoran, Ph.D., J.D.
Professor



4200 54th Avenue South
St. Petersburg, FL 33711
813/867-1166

October 19, 1994

Connie Martin
6148 N. Tripp
Chicago, IL 60646

Dear Ms. Martin:

Thanks for your interest in the Interpersonal Reactivity Index. This letter should serve as "blanket" permission for you to use the IRI in any way necessary for your dissertation. This includes reproducing the instrument for administration to your research participants, and including all or part of the IRI as an appendix in your dissertation. I understand that doing so means that copies of the IRI may be reproduced when copies of the dissertation are requested by others.

Thanks again for your interest in my work. Best of luck to you in your project.

Sincerely,

Mark H. Davis
Associate Professor



The Ontario Institute for Studies in Education
252 Bloor Street West, Toronto, Ontario M5S 1V5

Institut d'études pédagogiques de l'Ontario
252, rue Bloor Ouest, Toronto (Ontario) M5S 1V5

OISE PUBLISHING

20 October, 1994

Ms. Connie Martin
6148 N. Tripp Avenue
Chicago, IL 60646

Dear Ms. Martin:

You have our permission to use the Paragraph Completion Method in your dissertation research and to include the instrument in the appendix of your final dissertation. Please be sure to cite that this material is reproduced from *Assessing Conceptual Level by the Paragraph Completion Method* by D.E. Hunt, et al (1978) with permission of OISE Press, The Ontario Institute for Studies in Education.

Sincerely,

Ann Nicholson
Managing Editor
OISE PRESS

OISE • 1965 — 1990 • IEPO

REFERENCES

- Alcorn, L. M. & Torney, D. J. (1982). Counselor cognitive complexity of self-reported emotional experience as a predictor of accurate empathic understanding. Journal of Counseling Psychology, 29, 534-537.
- Bandura, A., Lipsher, D. H., & Miller, P. E. (1960). Psychotherapists' approach-avoidance reactions to patients' expressions of hostility. Journal of Consulting Psychology, 24, 1-8.
- Batson, C. D., Duncan, B. D., Ackerman, P., Buckley, T., & Birch, K. (1981). Is empathic emotion a source of altruistic motivation? Journal of Personality and Social Psychology, 40, 290-302.
- Bergin, A. E. (1966). Some implications of psychotherapy research for therapeutic practice. Journal of Abnormal Psychology, 71, 235-246.
- Blaas, C. D., & Heck, E. J. (1978). Selected process variables as a function of client type and cognitive complexity in beginning counselors. Journal of Counseling Psychology, 25, 257-263.
- Blocher, D. H. (1983). Toward a cognitive developmental approach to counseling supervision. The Counseling

Psychologist, 11, 27-34.

Borders, L. D. (1989). Developmental cognitions of first practicum supervisees. Journal of Counseling Psychology, 36, 163-169.

Borders, L. D., Fong-Beyette, M. L., & Cron, E. A. (1988). In-session cognitions of a counseling student: A case study. Counselor Education and Supervision, 28, 59-70.

Bruch, M. A., Juster, H. R., & Heisler, B. D. (1982). Conceptual complexity as a mediator of thought content and negative affect: Implications for cognitive restructuring interventions. Journal of Counseling Psychology, 29, 343-353.

Cattell, R. B., Eber, H. W., & Tatsuoka, M. M. (1970). Handbook for the sixteen personality factor test. Champaign, IL: Institute for Personality and Ability Testing.

Carey, J. C., Fox, E. A., & Spraggins, E. F. (1988). Replication of structure findings regarding the interpersonal reactivity index. Measurement and Evaluation in Counseling and Development, 21, 102-105.

Coke, J., Batson, C., & McDavis, K. (1978). Empathic mediation of helping: A two-stage model. Journal of Personality and Social Psychology, 36, 752-766.

Corcoran, K. J. (1983). Emotional separation and empathy. Journal of Clinical Psychology, 39, 667-671.

Corcoran, K. J. (1982). An exploratory investigation into self-other differentiation: Empirical evidence for a

monistic perspective on empathy. Psychotherapy: Theory, Research and Practice, 19, 63-68.

Cronbach, L. J. (1951). Coefficient alpha and the internal structure of tests. Psychometrika, 16, 297-334.

Crowne, D. P. & Marlowe, D. (1964). The approval motive. New York: Wiley.

Cummings, A. L. (1989). Relationship of client problem type to novice counselor response modes. Journal of Counseling Psychology, 36, 331-335.

Cummings, A. L., Hallberg, E. T., Martin, J., Slemon, A. & Hiebert, B. (1990). Implications of counselor conceptualizations for counselor education. Counselor Education and Supervision, 30, 120-134.

Cummings, A. L., Martin, J., Hallberg, E., & Slemon, A. (1992). Memory for therapeutic events, session effectiveness, and working alliance in short-term counseling. Journal of Counseling Psychology, 39, 306-312.

Davis, M. H. (1983a). Measuring individual differences in empathy: Evidence for a multidimensional approach. Journal of Personality and Social Psychology, 44, 113-126.

Davis, M. H. (1983b). The effects of dispositional empathy on emotional reactions and helping: A multidimensional approach. Journal of Personality, 51, 167-184.

Davis, M. H., Hull, J. G., Young, R. D., & Warren, G. G.

- (1987). Emotional reactions to dramatic film stimuli: The influence of cognitive and emotional empathy. Journal of Personality and Social Psychology, 52, 126-133.
- Diener, E., Larsen, R. J., Levine, S. & Emmons, R. A. (1985). Frequency and intensity: The underlying dimensions of affect. Journal of Personality and Social Psychology, 48, 1253-1265.
- Dole, A. A., Nissenfeld, M., Bowers, C., Herzog, M., Levitt, D., McIntyre, P., Wedemen, S., & Woodburn, P. (1982). Six dimensions of retrospections by therapist and counselors - A manual for research. Catalog of Selected Documents in Psychology, 12(2), 23 (JSAS-MS2454).
- Egan, G. (1986). The skilled helper. (3rd ed.). Monterey, CA: Brooks/Cole.
- Elliott, R., Barker, C. B., Caskey, N. & Pistrang, N. (1982). Differential helpfulness of counselor verbal response modes. Journal of Counseling Psychology, 29, 354-361.
- Emmons, R. A. (1986). Personal strivings: Toward a theory of personality and subjective well-being. Unpublished doctoral dissertation, University of Illinois at Champaign.
- Eysenck, H. J., & Eysenck, S. B. G. (1964). Manual of the Eysenck Personality Inventory. San Diego, CA: Educational and Industrial Testing Service.
- Flett, G. L., Boase, P., McAndrews, M. P., Blankstein, K.

- R., & Pliner, P. (1986). Affect intensity and self-consciousness in college students. Psychological Reports, 58, 148-150.
- Friedlander, S. R., Dye, N. W., Costello, R. M., & Kobos, J. C. (1984). A developmental model for teaching and learning in psychotherapy supervision. Psychotherapy, 21, 189-196.
- Fuller, F. & Hill, C.E. (1985). Counselor and helpee perceptions of counselor intentions in relation to outcome in a single counseling session. Journal of Counseling Psychology, 32, 329-338.
- Fuqua, D. R., Newman, J. L., Anderson, M. W., & Johnson, A. W. (1986). Preliminary study of internal dialogue in a training setting. Psychological Reports, 58, 163-172.
- Gardiner, G. S., & Schroder, H. M. (1972). Reliability and validity of the Paragraph Completion Test: Theoretical and empirical notes. Psychological Reports, 31, 959-962.
- Gelso, C. J. & Carter, J. A. (1985). The relationship in counseling and psychotherapy: Components, consequences and theoretical antecedents. The Counseling Psychologist, 13, 155-243.
- Gelso, C. J., Hill, C. E., & Kivlighan, D. M. (1991). Transference, insight, and the counselor's intentions during a counseling hour. Journal of Counseling and Development, 69, 428-433.
- Genest, M., & Turk, D. C. (1981). Think-aloud approaches

- to cognitive assessment. In Cognitive Assessment (T. V. Merluzzi, C. R. Glass & M. Genest, Eds.), New York University Press: New York.
- Goldberg, A. D. (1974). Conceptual system as a predisposition toward therapeutic communication. Journal of Counseling Psychology, 21, 364-368.
- Haccoun, D. M. & Lavigueur, H. (1979). Effects of clinical experience and client emotion on therapists' responses. Journal of Consulting and Clinical Psychology, 47, 416-418.
- Hackney, H., & Cormier, L. S. (1988). Counseling strategies and interventions. (3rd ed.). Englewood Cliffs, NJ: Prentice Hall.
- Hammond, D. C., Hepworth, D. H., & Smith, V. G. (1977). Improving therapeutic communication. San Francisco: Jossey-Bass.
- Harvey, O. J., Hunt, D. E., & Schroder, H. M. (1961). Conceptual systems and personality organization. New York: Wiley.
- Heck, E. J. & Davis, C. S. (1973). Differential expression of empathy in a counseling analogue. Journal of Counseling Psychology, 20, 101-104.
- Heppner, P. P., Hibel, J., Neal, G. W., Weinstein, C. L., & Rabinowitz, F. E. (1982). Personal problem solving: A descriptive study of individual differences. Journal of Counseling Psychology, 29, 580-590.

- Heppner, P. P., Rosenberg, J. I., & Hedgespeth, J. (1992). Three methods in measuring the therapeutic process: Clients' and counselors' constructions of the therapeutic process versus actual therapeutic events. Journal of Counseling Psychology, 39, 20-31.
- Hill, C. E. (1982). Counseling process research: Philosophical and methodological dilemmas. The Counseling Psychologist, 10, 7-19.
- Hill, C. E. & O'Grady, K. E. (1985). List of therapist intentions illustrated with a case study and with therapists of varying theoretical orientations. Journal of Counseling Psychology, 32, 3-22.
- Holloway, E. L. (1987). Developmental models of supervision: Is it development? Professional Psychology: Research and Practice, 18, 209-216.
- Holloway, E. L. (1992). Supervision: A way of teaching and learning. In S. D. Brown & R. W. Lent (Eds.). Handbook of Counseling Psychology. John Wiley & Sons; New York, N. Y.
- Holloway, E. L. & Wampold, B. E. (1986). Relation between conceptual level and counseling-related tasks: A meta-analysis. Journal of Counseling Psychology, 33, 310-319.
- Holloway, E. L. & Wolleat, P. L. (1980). Relationship of counselor conceptual level to clinical hypothesis formation. Journal of Counseling Psychology, 27, 539-

545.

- Howell, J. M. & Highlen, P. S. (1981). Effects of client affective self-disclosure and counselor experience on counselor verbal behavior and perceptions. Journal of Counseling Psychology, 28, 386-398.
- Hunt, D. E. (1978). Theorists are persons too: On preaching what you practice. In C. Parker (Ed.), Encouraging student development in college. Minneapolis: University of Minnesota Press.
- Hunt, D. E., Butler, L. F., Noy, J. E., & Rosser, M. E. Assessing conceptual level by the paragraph completion method. Toronto, Canada: Ontario Institute for Studies in Education, 1978.
- Isen, A. M., Means, B., Patrick, R., & Nowicki, G. (1982). Some factors influencing decision-making strategy and risk taking. In M. S. Clark & S. T. Fiske (Eds.), Affect and cognition (pp. 243-261). Hillsdale, NJ: Erlbaum.
- Jackson, D. N., & Messick, S. (1970). The Differential Personality Inventory. Goshen, NY: Research Psychologists Press.
- Jolly, A. (1986, May). Social environments and emotional experience. Paper presented at the meeting of the Midwestern Psychological Association, Chicago.
- Kelly, K. R., Hall, A. S., & Miller, K. L. (1989). Relation of counselor intention and anxiety to brief counseling

- outcome. Journal of Counseling Psychology, 36, 158-162.
- Kivlighan, D. M. (1989). Changes in counselor intentions and response modes and in client reactions and session evaluation after training. Journal of Counseling Psychology, 36, 471-476
- Kivlighan, D. M. (1990). Relation between counselors' use of intentions and clients' perception of working alliance. Journal of Counseling Psychology, 37, 27-32.
- Kivlighan, D. M. & Angelone, E. O. (1991). Helpee introversion, novice counselor intention use, and helpee-rated session impact. Journal of Counseling Psychology, 38, 25-29.
- Kurpius, D. J., Benjamin, D., & Morran, D. K. (1985). Effects of teaching a cognitive strategy on counselor trainee internal dialogue and clinical hypothesis formulation. Journal of Counseling Psychology, 32, 263-271.
- Lambert, M. J. & Bergin, A. E. (1983). Therapist characteristics and their contribution to psychotherapy outcome. In C. E. Walker (Ed.), The handbook of clinical psychology (Vol. 1, pp. 205-241). Homewood, IL: Dow-Jones-Irwin.
- Larsen, R. J. (1984). Theory and measurement of affect intensity as an individual difference characteristic. Dissertation Abstracts International, 85, 2297B. (University Microfilms No. 84-22112).

- Larsen, R. J. & Diener, E. (1987). Affect intensity as an individual difference characteristic: A review. Journal of Research in Personality, 21, 1-39.
- Larsen, R. J., Diener, E., & Cropanzano, R.S. (1987). Cognitive operations associated with individual differences in affect intensity. Journal of Personality and Social Psychology, 53, 767-774.
- Larsen, R. J., Diener E. & Emmons, R. A. (1986). Affect intensity and reactions to daily life events. Journal of Personality and Social Psychology, 51, 803-814.
- Loganbill, C., Hardy, E., & Delworth, U. (1982). Supervision: A conceptual model. The Counseling Psychologist, 10(1), 3-42.
- Martin, J., Slemon, A. G., Hiebert, B., Hallberg, E. T., & Cummings, A. L. (1989). Conceptualizations of novice and experienced counselors. Journal of Counseling Psychology, 36, 395-400.
- Morran, D. K. (1986). Relationship of self-talk and hypothesis formulation to performance level. Journal of Counseling Psychology, 33, 395-400.
- Morran, D. K., Kurpius, D. J., & Brack, G. (1989). Empirical investigation of counselor self-talk categories. Journal of Counseling Psychology, 36, 505-510.
- Parloff, M. B., Waskow, I. E., & Wolfe, B. E. (1978). Research on therapist variables in relation to process and outcome. In S. L. Garfield & A. E. Bergin (Eds.),

- Handbook of psychotherapy and behavior change (2nd ed., pp. 233-282). New York: Wiley.
- Reising, G. N. & Daniels, M. H. (1983). A study of Hogan's model of counselor development and supervision. Journal of Counseling Psychology, 30, 235-244.
- Rezek, P. (1994). The development of novice counselors' inner experiences, counseling self-efficacy, and skills. Unpublished doctoral dissertation, Loyola University Chicago.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. Journal of Counseling Psychology, 21, 95-103.
- Russell, P. D. & Snyder, W. U. (1963). Counselor anxiety in relation to amount of clinical experience and quality of affect demonstrated by clients. Journal of Consulting Psychology, 27, 358-363.
- Russell, R. K., Cummings, A. M. & Lent, R. W. (1992). Counselor training and supervision: Theory and research. In S. D. Brown & R. W. Lent (Eds.). Handbook of Counseling Psychology. John Wiley & Sons; New York, N.Y.
- Scott, W. A. (1955). Reliability of content analysis: The case of nominal scale coding. Public Opinion Quarterly, 19, 321-25.
- Stoltenberg, C. (1981). Approaching supervision from a developemental perspective: The counselor complexity

- model. Journal of Counseling Psychology, 28, 59-65.
- Stoltenberg, C. D. & Delworth, U. (1987). Supervising counselors and therapists: A developmental perspective. San Francisco: Jossey-Bass.
- Stotland, E., Mathews, K. E., Jr., Sherman, S. E., Hansson, R. O., & Richardson, B. Z. (1978). Empathy, fantasy and helping. Beverly Hills, CA: Sage.
- Strohmer, D. C., Biggs, D. A., Haase, R. F., & Keller, K. E. (1983). Hypothesis formation and testing in clinical judgement. Journal of Counseling Psychology, 30, 607-610.
- Susman, M., Wynne, M. E., Rezek, P., Martin, C., Katz, L., & Ries, S. (1992, August). Accessing the Inner Voice of Experienced and Novice Therapists: A Preliminary Study. Paper presented at the 97th Annual Convention of the American Psychological Association, Washington, D.C.
- Toi, M., & Batson, C. D. (1982). More evidence that empathy is a source of altruistic motivation. Journal of Personality and Social Psychology, 42, 281-292.
- Watkins, C. E. (1985). Countertransference: Its impact on the counseling situation. Journal of Counseling and Development, 63, 356-359.
- Wynne, M. E., Susman, M., Ries, S., Birringer, J., & Katz, L. (1994). A method for assessing therapists' recall of in-session events. Journal of Counseling Psychology, 41, 53-57.
- Young, D. W. (1985). Reliability of videotape-assisted

recall in counseling process research. Counselor
Education and Supervision, 24, 360-364.

VITA

The author, Constance Martin, was born in Niagara Falls, New York.

Ms. Martin graduated in May 1986, from the University of Notre Dame in Notre Dame, Indiana, where she received a Bachelor of Arts degree in psychology. Subsequently, she attended the University of Maryland, College Park, Maryland where she received a Master of Arts in Community Counseling in August 1989.

As a student in the doctoral program in counseling psychology at Loyola University Chicago, she worked as a graduate assistant for three years and taught a masters' level counseling skills course for two semesters. She completed her internship at the University Counseling Center of the University of Notre Dame and Oaklawn Hospital, a joint-site program. She received the Doctor of Philosophy in January 1995.

APPROVAL SHEET

The dissertation submitted by Constance Martin has been read and approved by the following committee:

Dr. Marilyn Susman, Director
Associate Professor, Counseling Psychology
Loyola University Chicago

Dr. Martha Ellen Wynne
Associate Professor, Educational Psychology
Loyola University Chicago

Dr. Manuel Silverman
Professor, Counseling Psychology
Loyola University Chicago

The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the Committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the Doctor of Philosophy.

11-16-94
Date


Director's Signature